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ABSTRACT

Intended for information systems specialists, this manual describes the network on aging in terms of the information it generates and uses. The network on aging is defined as that group of organizations whose functions relate directly or indirectly to the purposes of the Older Americans Act of 1965, including the Federal Administration on Aging, State Agencies on Aging, Area Agencies on Aging, and service providers and other Older Americans Act subcontractors. Following introductory material, the manual is divided into four sections: (1) background information on the Older Americans Act and network formation; (2) a description of the network's organization with details of the mandate, structure, and major responsibilities of the state and areas units; (3) a discussion of the network's basic information needs for management, reporting and funding purposes; and (4) a brief examination of the methods used to develop information systems. Four charts outline the structure of the network on aging, program funding sources, steps in the systems development process, and the frequency of network information use, while an appendix provides illustrative charts covering in more detail the types of information gathered by network units. A list of nine references concludes the manual. (ESR)

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AN INFORMATION SYSTEMS SPECIALIST'S GUIDE TO OLDER AMERICANS PROGRAMS

BY

NATIONAL ASSOCIATION OF STATE UNITS ON AGING (NASUA)

AND

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The National Association of State Units on Aging (NASUA) acknowledges the key role of the NASUA Project Advisory Board (PAB), whose members represent the interests of State and Area Agencies on Aging; the Office of Human Development Services (OHDS); the Administration on Aging (AoA); and the National Association of Area Agencies on Aging (N4A). Their responsibility includes the review and comment on all aspects of the NASUA Project affecting the collection, documentation and dissemination of material/information which describes information systems in operation at State Aging Units and Area Agencies on Aging.

NASUA is assisted by TSDI, Inc., of New York City, its consultant on the project.

INTRODUCTION

A. Overview of Manual

Information system specialists who work in human services are a relatively new type of professional. By and large, human service agencies have been slow to apply modern technology when appropriate to their administrative and service delivery problems. To be fair, one must recall that the human services field has grown rapidly. As new programs have been added by legislation, new organizations and agencies have been established and new information needs accordingly created. With limited resources for management activities, information system specialists have only recently begun to be utilized in the growing challenge of managing human service programs, including those for the aging.

This manual describes for information systems specialists the network on aging -- the Administration on Aging, State Agencies on Aging, Area Agencies on Aging, service providers and other Older Americans Act subcontractors -- in terms of the information generated and used by these organizations. The manual conveys a conceptual framework of programs on aging with sufficient detail to provide information systems specialists with a beginning understanding of how network agencies operate. Personnel in state and local government, universities and community colleges and management consultant organizations who provide data processing support for programs on aging will find this manual especially helpful.

This manual's focus on information systems specialists comes at a time of consolidation in the human services field. There is a growing emphasis on fiscal accountability in publicly-funded programs and a drive to press service dollars for maximum efficiency. The information systems specialist (hereafter referred to as information specialist) is an increasingly important part of the human services management team. Information specialists offer agencies the technical capability to streamline cumbersome information systems, respond to data requirements of funding agencies and generate information necessary for the efficient and effective operation of agency programs.

The aggregate funding level and increased size of the human services field are not the only factors which have influenced the demand for information specialists. The earlier expansion of human service programs was accompanied by a proliferation of special programs for certain target groups, such as the handicapped, those with low-incomes, the mentally ill and the elderly. New legislation created multiple funding sources and expanded reporting requirements. It is from this perspective that the role of the information specialist in programs for the elderly will be discussed.

It is intended that users of this manual will benefit in a number of ways, including:

* reducing the learning time required to understand aging unit operations;
* gaining a better understanding of the complexity of the aging network structure;

* increasing an awareness of the multiple funding sources and corresponding information requirements with which the network must work; and
* promoting direct communication and a clearer understanding between information specialists and aging network management.

B. Information Specialists on the Field of Aging

Until recently the role of information specialists in the field of aging was one more of promise than of reality. Continued growth of the older population, the diversity of services available to the elderly and a continued commitment of public funds at the federal, state and local levels have all brought about a greater need for information systems professionals on the management team in providing serv ices for the aging.

Information specialists new to the network on aging sometimes find themselves confronted by a confusing array of new terms, agencies and organizational relationships. Difficulties with communication between aging unit management and "outside" (technical) information specialist are common. The absence of a clear understanding of now the network operates can result in a number of problems. The unit on aging, for example, may unnecessarily experience longer start-up periods for design and implementation. Hastily-developed information systems could prove cumbersome to operate, might gather the wrong information or collect too much detail.

Much time, money and effort can be saved if aging network staff and information specialists share a common understanding of basic processes and issues, such as:

* interrelationships among network agencies,
* the flow and quality of information,
* the management information desired,
* reporting requirements,
* money and staff available to implement and operate an information system in a particular setting, and
* "state-of-the-art" information systems in the network on aging. Could an existing information system be adapted with less time and expense than developing a new information system?

Even information specialists with experience in the human services field will find an orientation to the network on aging useful. Information specialists should bear in mind some unique characteristics of the network on aging.

* Categorical. The aging network administers a categorical program, that is, the funds are to be spent for a particular purpose or for the benefit of a particular class or group of persons such as the elderly.

* Multifaceted Service Delivery. Since the aging population has diverse needs, the network on aging funds and coordinates a broad range of programs and services.

* Multiple Funding Sources. Many different funding sources are used to initiate or expand services to the elderly. Each funding source typically has its own set of information requirements.

* Broad Responsibilities. Aging network units have numerous responsibilities ranging from needs assessment and long-range planning to grants administration and advocacy. This broad scope of activity enlarges the types and quantity of information needed and complicates record keeping and reporting.

* Authority Relationships. The absence of precise legislative/regulatory mandates makes various authority relationships among funding sources sometimes difficult to specify. For example, State Units on Aging are required by the Administration on Aging to assure statewide coverage of client information and referral services. State Units on Aging often must rely on agencies and service systems outside their domain, such as county welfare departments and Community Action Agencies, in order to comply with its own federal requirements. A special information systems challenge arises when service activity data is needed from agencies which are not funded for that particular service by the State or Area Agency, and may not be inclined to provide such reports.

* New System. Finally, the administrative network on aging is comparatively young with the most substantial growth occurring in the last 15 years. Most aging network units continue to utilize manually-operated information systems and have staff unfamiliar with automated techniques. Many aging network units - particularly Area Agencies on Aging and service providers in rural areas - have not had a level of funding or scope of services which would require automated information systems. The greater range and scale of services delivered and the desire for better management information are now bringing many network units to the point of needing additional information capabilities.

C. The Network on Aging Information Systems Training Package

This manual is the first of five documents regarding information systems in the network on aging. In addition to the overview of the network on aging provided in this first manual, the subsequent three manuals are part of a series which discuss in detail the network's use of information systems. All four manuals and bibliography can be a reference tool for aging unit staff, will serve as the basis of training curricula and should provide useful background reading for information specialists. The reader can refer to the following materials.

*INTRODUCTION TO INFORMATION SYSTEMS FOR PRACTITIONERS IN AGING. This second manual is for use by professionals in aging who do not have direct interest in the development and use of systems, but would benefit by a general understanding of the subject. It addresses such topics as:

- information system components;
- the types of information systems generally available to aging units; and
- the uses of information systems on aging units.

*INFORMATION SYSTEMS PLANNING, DEVELOPMENT AND OPERATION: A GUIDE TO GOOD PRACTICE FOR MANAGEMENT OF STATE AND AREA AGENCIES ON AGING. The purpose of this third manual is to educate aging unit management and supervisory staff in the processes and techniques required to plan for, develop and operate information systems. It contains detailed descriptions of:

- the systems development process;
- how to define the status of problems with current systems;
- how to define information needs;
- how to define alternatives and estimate time, resources and cost requirements;
- how to create standardized terms and procedures;
- how to manage the development and implementation of systems; and
- how to manage the operation and maintenance of an information system.

*INFORMATION SYSTEM APPLICATIONS IN PROGRAMS ON AGING -- CASE STUDIES OF GOOD PRACTICE. The fourth and final manual is designed for specialists in the network whose responsibilities include information systems. It discusses information systems problems (and their solutions) and presents case studies in areas of special concern to aging network units, such as:

- external versus internal reporting needs;
- summary versus detailed information;
- multiple funding sources;
- unduplicated client counts;
- use of standards;
- unit costing; and
- information system development and operation costs.

* HUMAN SERVICES INFORMATION SYSTEMS: A SELECTED BIBLIOGRAPHY - 1970 TO PRESENT Provides a comprehensive listing of sources related to human service information systems. References are grouped by human service disciplines including aging, child welfare and mental health.

I. ORIENTATION TO THE NETWORK ON AGING

A. The Older Americans Act

The Older Americans Act of 1965, as amended, continues to be the foundation for much of the network on aging's responsibilities. The Act's six titles carefully describe the network's objectives, administrative structure and programs. The following briefly summarizes each of the Older Americans Act titles.

Title I: Declaration of Objectives; Definitions
Commits the federal, state, and local governments to assist older people to secure equal opportunity in ten objective areas: income, physical and mental health, housing, restorative services for those who require institutional care, employment, retirement, civic, cultural and recreational opportunities, efficient community services, applied research, and maximum independence for older persons in planning and managing their own lives.

Title II: Administration on Aging
Establishes the Administration on Aging within the Department of Health and Human Services, and provides for a Commissioner to be appointed by the President with the advice and consent of the Senate. The Administration on Aging is required by Title II to serve as the effective and visible advocate within federal government for the elderly by maintaining active review and comment responsibilities over all federal policies affecting the aging.

Title III: Grants for State and Community Programs on Aging
Authorizes a program of grants to State and Area Agencies on Aging for community planning, services, and coordination in conjunction with the purposes of the Act. Title III mandates (a) the establishment of a single state agency for developing and coordinating a State Plan, (b) designation by each State Unit on Aging of one or more Area Agencies on Aging (unless a waiver is received), and (c) the "targeting" of social and nutrition services to older persons with the greatest economic and social need. The funding sections of Title III are:

Part B	Social Services and Multipurpose Senior Centers
Part C(1)	Congregate Nutrition Services (meal-sites)
Part C(2)	Home-Delivered Nutrition Services

Title IV: Training, Research and Discretionary Projects and Programs
Completely revised in 1973 and 1978, this Title is the source of training funds to State Units on Aging and Advocacy Assistance grants at the Commissioner's discretion. The Commissioner of Administration on Aging was also required in 1978 to develop and implement a national manpower policy on aging, and to direct special attention to studying the living conditions of the elderly. Another section authorized grants for community long term care projects.

Title V: Community Service Employment for Older Americans
Added to the Act in 1975 as Title IX, and redesignated Title V by the 1978 amendments, this provision authorizes the Secretary of Labor, in consultation with the Commissioner and States, to enter into agreements with public or private non-profit agencies or organizations for promoting part-time employment opportunities for unemployed, low-income persons, age 55 and over in settings for community service.

Title VI: Grants for Indian Tribes
Added to the Act in 1978, this provision allows Indian tribes and tribal organizations the option of receiving direct funding from the Commissioner for services and programs comparable to those provided in Title III.

Since the enactment of the Older Americans Act, federal commitment for its programs has dramatically increased from $6.5 million in fiscal year 1966 to over $940 million in fiscal year 1981. During the same time period, the Act also experienced substantial revision, as illustrated below.

1965 The Older Americans Act was passed and signed into law by President Johnson on July 14. Major provisions included the establishment of the Administration on Aging within the Department of Health, Education, and Welfare (DHEW) and grants to states for community planning, services and training. Accordingly, the Act also specified the creation of State Agencies on Aging.

1967 Amendments extended the Older Americans Act for two years and directed the Administration on Aging (AoA) to commission a study of personnel needs in aging.

1969 Amendments extended the Older Americans Act for three years and authorized an increased funding level under Title III to support a new program of Area-Wide Model Projects to test the concept of local planning and advocacy.

1972 The Nutrition Program for the Elderly Act becomes law (later to become the new Title VII of the Older Americans Act, as amended in 1973, then Title III-C as amended in 1978).

1973 Area Agencies on Aging were authorized as a result of the experience with Area-Wide Model Projects; added new title "Older Americans Community Service Employment."

1975 For the first time, Priority Services were mandated (access services such as transportation, information and referral; home care services; and legal services).

1978 Consolidated Titles III, V and VII (social services, multi-purpose senior centers and nutrition services, respectively) into one title, Title III; and created a new title for grants to Indian tribes.

1981 Retained individual allocations for Title III-B (now entitled "Supportive Services and Senior Centers"); Title III-C(1), Congregate Meals and Title III-C(2), Home-Delivered Meals, but allowed a 20% transfer between Title III-B and III-C. USDA commodies for the benefit of Title III-C programs for the first time received a fixed authorization. Boarding homes were included in the definition of a long term care facility for the purposes of the ombudsman program.

Title III, "Grants for States and Community Programs on Aging," has the greatest impact on the State and Area Agencies in terms of organization, structure, responsibility and money. Title III specifies the structure and responsibilities of the state and sub-state (Area Agency) units which serve the elderly. The state and local agencies which meet the requirements set by Title III receive federal funds to initiate or expand services to the elderly. The overall purpose of Title III is to...

> ...assist state and local agencies to concentrate resources in order to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older individuals ... in order to -
> (1) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
> (2) remove individual and social barriers to economic and personal independence for older individuals; and
> (3) provide a continuum of care for the vulnerable elderly.[1]

The specific responsibilities of State and Area Agencies as mandated by Title III will be discussed in some detail in following sections.

B. What is the Network on Aging?

The Older Americans Act of 1965 was among the many expressions of federal commitment to human services during the 1960s. The Act, as amended, established an organizational structure including the federal Administration on Aging, State Agencies on Aging and Area Agencies on Aging to

[1] Older Americans Act, Title III, Section 301.(a).

administer the Act and advocate for the well-being of the elderly. Although national organizations for the elderly and educational institutions are also involved in advocacy and support of the older population's concerns, this manual will direct its attention to the administrative "network" of agencies funded by the Older Americans Act, hereafter referred to as the network on aging.

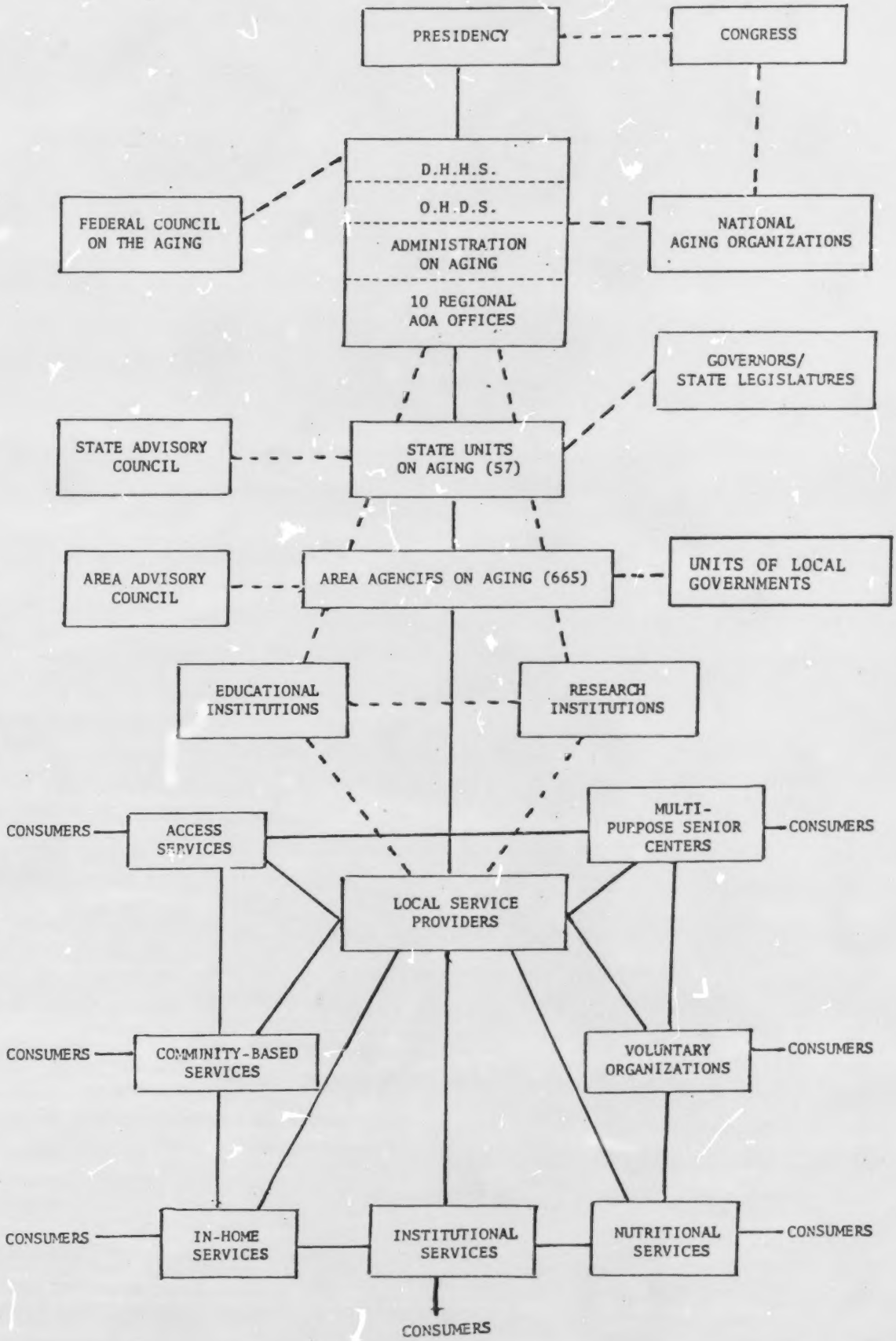
The term "network" is just a convenient description for organizations (or units) whose functions are related directly or indirectly to the purposes of the Older Americans Act. Figure 1.1 graphically represents the network's structure.

The network on aging can be portrayed at several levels. There is the presidency and congress at the top, which is followed by the Department of Health and Human Services. Within the latter is the Office of Human Development Services, in which the Administration on Aging is located. A variety of organizations for the elderly are active at the national level, while the Federal Council on Aging has the mandate to advise the Department of Health and Human Services in matters related to the elderly.

At the state level, State Units on Aging implement Older Americans Act responsibilities under the purview of their Governors and state legislatures. Each State Unit on Aging is advised by a State Advisory Council.

Area Agencies on Aging are active at the sub-state level and sometimes are part of units of local government. Area Agencies also maintain an Area Advisory Council.

FIGURE 1.1
THE AGING NETWORK



The local level provides the foundation upon which the network on aging is built. At the local level are educational and research institutions and a broad range of local service providers. The figure shows older consumers interspersed among the providers to represent the point of service delivery as well as to recognize the older consumers as the primary reason for the network's existence.

This manual's primary interest is upon the information needs of the State Units on Aging and Area Agencies. As the preceding discussion shows, there are additional organizations that contribute to the well-being of the older population and are considered part of the network on aging. The network on aging includes senior advocacy groups, senior associations, private, for-profit and non-profit agencies as well as the national organizations, education and research institutions and voluntary organizations mentioned earlier. For the purpose of this manual the network on aging will refer in a narrower sense to the Administration on Aging, the State and Area Agencies on Aging and their subcontractors.

Information specialists should be aware of the diversity of network unit settings. The network currently includes 57 State Agencies or Units on Aging - 50 states plus the District of Columbia, Puerto Rico, the Virgin Islands, Guam, Samoa, the Northern Mariana Islands and the Trust Territory of the Pacific Islands. The network is fourded upon a base at the substate level of 665 Area Agencies on Aging (AAAs) and an estimated 15,000 subcontractors for social and nutrition services. Network on aging units are frequently administratively integrated with a larger organization which is not itself part of the network (e.g., an Area Agency which is part of city or county government). The formal constraints imposed on aging units vary from place to place, which contributes to the variety of organization structures and type of operations at both the state and local levels.

The following section on network organization is a fairly detailed discussion, but does not constitute a description of how any given unit actually deals with information. The Administration on Aging will be introduced in more general terms. The State and Area Agencies will be more specifically described in terms of their organization/structure and major responsibilities.

II. ORGANIZATION OF THE NETWORK ON AGING

A. Administration on Aging

The federal office which administers the Older Americans Act is the Administration on Aging, presently under the jurisdiction of the Office of Human Development Services, Department of Health and Human Services. The Administration on Aging is headquartered in Washington, D.C., and maintains ten regional offices across the country. The Administration on Aging's broad responsibilities have a substantial impact on the entire Older Americans Act network on aging.

The Administration on Aging is the principal federal agency charged with carrying out the Older Americans Act.

*It serves as the advocate for the elderly within the Department of Health and Human Services and with other agencies of federal government.

*It works to promote coordination of federal programs and activities for the aging.

*It develops basic policies, priorities and regulations for activities prescribed by the Older Americans Act.

*It works toward a nationwide network of private and public services for older persons.

*It administers discretionary funds for training, demonstration/Model Projects, and research to support innovative programs and administrative techniques that will enhance State and Area Agency capacity to serve the elderly.

*It conducts fiscal and program oversight of state implementation of the Older Americans Act.

*It provides technical assistance to state and local government on programs for aging.

*It serves as a clearinghouse for information on programs of aging.

*It gathers statistics on aging.

*It collects information about Older Americans Act programs to ensure that State and Area Agencies comply with the requirements for programs established by the Older Americans Act as it has been amended and interpreted by the Department of Health and Human Services, Congress and its interested committees and the Administration.

*It ensures that State and Area Plans are produced, that they reflect the intent of the regulations and legislation, and that they are used as a basis for program activity by State and Area Agencies.

B. State Units on Aging

1. Mandate

A State Unit on Aging is the agency of state government designated by the Governor and the state legislature as the focal point for all matters relating to the needs of the older persons within the state. The goal of the State Unit is to improve the quality of life for older Americans by serving as their advocate, and by promoting a state-wide coordinated service system through administration of Older Americans Act programs.

2. Organization and Structure

State Units on Aging are organized in a variety of ways reflecting the diversity among states. In general, about half of the State Agencies are independently functioning, single-purpose agencies on aging which report directly to the Governor and the other half are placed within multipurpose, umbrella human service agencies.

The free-standing, single-purpose State Agencies are roughly evenly divided between two organizational arrangements.

*First, the State Agency is a cabinet-level office with the director appointed by the Governor, as is the case in Pennsylvania which has a Secretary on Aging who directs the Department on Aging. Connecticut has a similar structure for its Department of Aging, which is headed by a Commissioner.

A variation of this structure includes State Agencies which are directly located in the Governor's office, such as the Executive Office on Aging in Hawaii and the Idaho Office on Aging, which is physically located in the State House.

*Second, the single-purpose State Agency can be organized as a Commission on Aging. States as varied as Nebraska, South Carolina and Ohio have Commissions on Aging which are appointed by the Governor. The Commissions have policy-making authority and are served by an Executive Director.

The other half of State Units on Aging are located within multipurpose, umbrella human service agencies. Whether called a "Department of Social Service" or a "Human Resources Department," the umbrella agency is required to delegate all authority and responsibility under the Older Americans Act to a single organizational unit in the agency. An illustration of this arrangement can be found in Georgia, which has an Aging Section served by a Director within the Department of Human Resources. Other State examples include Wisconsin's Bureau on Aging within the Department of Health and Social Services and Utah's Division of Aging in their Department of Social Services.

Several State Units on Aging are part of adult services and aging departments. In some instances these State Units not only administer Older Americans Act funds, but also are directly responsible for a wide range of services to older persons involving a number of funding sources. Several State Units direct the expenditure of Title XX (Social Service Block Grant) funds as well as Title XIX (Medicaid) money and large state resource allocations. The diminution of federal appropriations in most human service programs is likely to encourage this trend toward combined program responsibilities and multiple funding sources for State Units on Aging.

As a basis for executing mandated responsibilities, State Units fairly consistently have organized their internal staffing structure along the following lines:

*Fiscal Management/Administration
*Planning/Program Development
*Program Operations
  -Grant Awards/Contracts
  -Evaluation/Monitoring
*Research
*Training

Of course, this classification of types of State Agency organizational structures is only generally descriptive because of the great variation among State Agencies.

3. Major Responsibilities

State Agencies (and Area Agencies, as well) have a tremendous array of responsibilities which at times can seem to overwhelm the resources and authority given to them. Nearly any activity which affects the well-being of the older population falls within the purview of a State Agency. State responsibilities under the Older Americans Act can generally be described within the four areas of:

*Planning and Service System Development
  - Needs Assessment
  - Priority Setting
  - Program Design
*Grants Management
  - State Grant-Making
  - State-Level Award Process
  - Monitoring and Evaluation
*Linkages with Community and Service Organizations
  - Creating "Linkages"
  - Advocacy
  - Pooling-Developing Financial Resources
  - Coordination
  - Community Involvement
  - Capacity Building/Technical Assistance
*Administration

a. Planning and Service Systems Development

State Agencies are required to develop a three-year long-range plan. The federal regulations to the 1978 Amendments to the Older Americans Act contain instructions on the State Plan's format, identify mandated service areas, and specify minimum contents. The State Plan covers three general areas of State agency activity - advocacy, services development and systems development.[2]

State agency advocacy goals and objectives are an important part of the State Plan and the state advocacy role is described in detail in a following section. The second general area is services development. This term refers to the activity of the State Agency designed to develop or improve the delivery of a specific service. This could include developing standards for service, training service providers, monitoring and evaluating programs and providing technical assistance. It is required that services be categorized in the following way, with at least one goal and objective in each area:

Access Service: those services that let people know about the existence of a program, or that enable people to get to a program. This includes transportation, information and referral and outreach.

Community and Neighborhood Service: those services based in the community, including senior center services, congregate nutrition services, legal services, health screening, and adult day care.

In-home Services: those services that help a person maintain independence in the home. Includes homemaker/home health aide and home-delivered meal services.

Service in Care-Providing Facilities: includes those services to residents of care-providing facilities, including those activities that ensure that the proper social services are provided, such as pre-placement screening and case management. The Older Americans Act is for all older persons, regardless of residence.

Some of the services listed above are specified "priority" services.

[2]This section reflects a discussion on the State Plan Format found in the State Plan on Aging Under Title III of the Older Americans Act for the State of Delaware. Fiscally Years 1981-1983, Draft: June 9, 1980.

The priority services are: Access Services, In-home Services and Legal Services. The State Agency is required to spend "an adequate proportion of Title III-B (supportive services and senior centers) money in these areas.

In addition to these broad Title III service categories, many State Agencies manage the Title V program, Community Service Employment for Older Americans. State Agencies with Title V responsibility in most cases are responsible for recruiting eligible participants, identifying work sites, providing supportive services to the older workers, monitoring performance and promoting older worker unsubsidized employment in agencies and business.

Systems development is the third area of State Agency activity required in the State Plan. Systems development refers to actions the State Agency takes to improve the organization and coordination of the delivery of services so that programs are more accessible and responsive to the needs of older persons. Often, activities in this area take the form of agreements between the State Agency and other agencies and organizations throughout the State. It may also take the form of technical assistance to volunteer groups and professional organizations to help them better serve older persons.

As part of its Plan, each State Agency establishes goals and objectives in each of these three areas. The goals and objectives are to be directly related to the unique needs and special priorities of each state. To do so, State Agencies are required by the Older Americans Act to undertake a needs assessment for each State Plan. State Agencies can undertake a number of activities in this regard.

(1) It solicits and receives input on the perceived needs of the older population from older consumers of services, individuals and groups interested in programs on aging and service providers to the elderly.

(2) It commissions studies/surveys to identify the type, quantity and possible geographic areas of concentration for specific needs of the elderly. Appendix A illustrates the range of service area characteristics which State and Area Agencies might consider when conducting needs assessments.

(3) It depends on its information system to provide service utilization data which can help show concentrations of need and gaps in service.

(4) It conducts hearings on the draft State Plan to present proposed objectives and receive public comment.

(5) It utilizes the Area Plans of its Area Agencies on Aging in the development of the State Plan.

*Priority Setting - A needs assessment usually produces a laundry list of needs far beyond the resources available to State Agency. Priority needs must be designated in order to most effectively allocate the very limited service dollars available. These needs can be identified according to the client group to be served, such as the most low-income elderly, nursing home residents or older persons age 75+ who live alone. Appendix B lists the data which are frequently collected on client characteristics and which are important for use on targeting services to certain groups of older persons. A further strategy is to rank needed services in addition to addressing "target" client groups. Priority setting involves a synthesis of directing certain services toward particularly needy groups of older persons. This synthesis of needs and services planned for funding is accomplished after review by State Agency staff, recommendation of the State Advisory Council and final action by the policy-making authority in the State Agency. This decision-making process includes consideration of a number of factors.

(1) intensity of need
(2) availability of funds
(3) lack of alternative resources (non-Title III)
(4) likelihood of success
(5) geographic distribution of need
(6) potential for serving the elderly with the greatest economic and social need
(7) federally-mandated priority services.

*Program design - After priority needs have been established, State Agencies begin the task of planning appropriate programs. In most cases State Agencies award Title III funds to Area Agencies on Aging which are to design local programs for the elderly. The State Agency focus generally is on programs with potential state-wide impact and on interagency efforts at the state-level. Program design activities at the state level take many different forms. States have operated model projects, demonstration programs and conducted research activities to test service delivery options, illustrate promising program designs or discover the most effective ways to serve particular client target groups. Successful state efforts in program design lead to implementation at the Area Agency and service provider level or can enhance the effectiveness of programs operated directly by the State Agency.

Although the State Plan is the product of needs assessment and individual state planning process, it also serves as a written agreement with the Administration on Aging and provides evidence of compliance with specific regulations. In particular, a State Agency in its Plan must agree to:

(1) Operate a long-term care ombudsman program;
(2) Increase funding in rural areas to 105% of the 1978 funding level;
(3) Ensure that older persons have an adequate information and referral service; and
(4) Develop an intrastate funding formula according to regulations for Title III.

b. Grant/Contract Management

(1) State Grant-Making

A second component of a State Agency's responsibility is the management of grants/contracts which it awards under Title III (Social and Nutrition Services) and, to a lesser extent, under Title IV-A (Training). Most State Agencies do not make Title III grants directly to service providers and do not provide direct services to older people. The State Agency helps to develop local services in most cases by channeling its grants through Area Agencies on Aging, which in turn develop grants and contracts with service providers. The exception to this rule are the 14 State Agencies with relatively small jurisdictions or low population densities which have opted to operate as a single planning and service area without local Area Agencies on Aging. These State Agencies are:

Alaska	Nevada	Trust Territory
American Samoa	New Hampshire	of the Pacific
Delaware	North Dakota	Virgin Islands
District of Columbia	Rhode Island	Wyoming
Guam	South Dakota	Northern Mariana Islands

(2) State-Level Award Process

Prior to the "cutting" of a Notice of Grant Awarded, much hard work and negotiation occurs. Since most State Agencies award the bulk of their Title III resources through Area Agencies, the basic structure of Area Agencies must be in place and officially designated. The selection of an agency to be an Area Agency on Aging actually reoccurs whenever an Area Plan is formally approved by the State Agency. Consequently the review of Area Plans is a complex process of State Agency review, Area Agency response, counter review and response until negotiation results in a document all parties can accept. The State Plan identifies the planning and services areas in the State and identifies which will be served by an Area Agency. The intrastate funding formula for Title III is in the State Plan and determines the amount of Older Americans Act money for each Area Agency. The Area Plan may also serve as the vehicle by which the State Agency distributes non-Title III funds, such as State funds and Title XX Social Service resources under the Social Security Act.

The Area Plan becomes the means by which the State Agency awards funds to an Area Agency for special services for agreed upon amounts for a certain number of clients. The State Agency provides a standardized Area Plan format. The contents of the Area Plan are reviewed by State Agency staff, whose comments then assist State Advisory Council members or the policy-making authority in making the final decision, which in effect

*approves the Area Plan,
*designates the applicant as an Area Agency on Aging, and
*provides Title III funds for Area Agency functions and grants to service providers.

State Agencies also may make awards directly to organizations and service providers in activities like training and nursing home advocate (ombudsman) programs. States without substate Area Agencies usually award all their service dollars directly to service providers. For some services, such as information and referral, states may request a waiver from the Administration on Aging in order to deliver direct services themselves. States frequently manage non-Older Americans Act funds on a large scale through grants/contracts. State awards of whatever source which do not go to Area Agencies are reviewed and acted upon based on individual grant applications submitted by service providers on forms specified by the State Agency. The review process is similar but less extensive than for the Area Plan.

(3) Grant/Contract Monitoring and Evaluation

State Agencies utilize and continually update data on grants/contracts for which they are responsible. The bulk of State Agency grants are to Area Agencies based on approved Area Plans. State Agency assessment of its grants/contracts depends in large part upon an information system to collect regular program and financial reports. The data in the reports are compared to the original grant/contract objectives and projected figures, with national standards for particular services where they exist and can be appropriately used, or with peer group performance, e.g., how are similar agencies in the area with the same service doing?

State Agency personnel also make on-site contacts to ensure that the grantee's programs are functioning as planned, comply with federal regulations and serve the best interests of the older population. Technical assistance is available for grantee agencies such as Area Agencies on Aging to help resolve problems.

c. Linkages with Community and Service Organizations

"Linkages" may be a strange word to describe cooperative relationships between human service agencies, but it is the term commonly used in the government vernacular. The human services delivery "system" has become enormously complicated and fragmented - a condition which has allowed some needy portions of the aging population to fall through the cracks, so to speak. State Agencies bear a major responsibility to help close gaps in service and create "linkages" or agreements between state agencies. The purpose of state-initiated linkages is to encourage more coordinated provision of a comprehensive range of services to the elderly. State Agency activities in this regard fall into the following five areas:

(1) Advocacy

Advocacy consists of activities designed to induce a change in attitudes, stereotypes, legislation, and agency policies and their implementation; to enhance the quality of life and the quality of care for the aging. Such changes are designed to benefit both individuals and groups of older persons.

The 1978 Amendments to the Older Americans Act require the Administration on Aging, State Agencies and Area Agencies to act on behalf of older persons, protecting their rights, ensuring the efficacy of the various entitlement programs (such as Medicaid or Social Security), and promoting their general well-being by providing broad opportunities for self-help and self-maintenance.

Title III regulations clarify Congressional intent by authorizing State Agencies to carry out such advocacy functions as:

*monitoring, evaluating and commenting on all policies, programs, hearings and budgets affecting older persons;
*conducting hearings on special needs of older persons;
*coordinating state-wide planning programs for the benefit of older persons;
*representing older persons' interests in legislative, executive and regulatory considerations; and
*providing technical assistance to other advocates for older persons.

State Agency advocacy responsibilities can be divided into three basic categories:

*Activities which influence other agencies and organizations to make changes which will benefit older persons, especially those with the greatest social and economic need;
*Activities which enable or facilitate other groups or individuals to act as advocates for their constituents or themselves;
*In support of the above, the State Agency is responsible for the conduct of public hearings, establishing an advisory council, and providing other opportunities for older persons, and those speaking on their behalf to voice their concerns. The participation of older consumers helps to ensure that the State Agency carries out its advocacy functions, fully informed of the problems facing older persons. The State Agency has a stewardship responsibility, acting as a representative of, and being accountable to, older persons.

State Agencies establish advocacy goals and objectives on a priority basis with the advice of their advisory committees, taking into account the significance of the problems being

addressed and opportunities for change. State Units also provide guidance and assistance to AAAs in the development of goals and objectives supportive of the state-wide advocacy activities.

State-level advocacy can produce a wide range of benefits, such as:
*Inducing another agency to provide a new service for the aging;
*Increasing the accessibility of an existing service (e.g., a convenient location);
*Extension or modification of a service so that it is available to more people;
*Preventing cut-backs in service; improving the quality of an existing service;
*Decreasing the cost of a service (so that more persons can benefit);
*Increasing the buying power of the elderly;
*Increasing job opportunities for older workers.

The advocacy efforts of both State and Area Agencies are primarily directed at how programs are administered and at legislation. Many strategies are utilized to achieve advocacy goals throughout the network depending on the state/local setting. Strategies for affecting change have included:
*Creating an organization or a coalition of organizations to provide advocacy (to bring about change);
*Developing interagency agreements;
*Creation of legislative committees or units responsible for drafting laws, locating sponsorship for bills, etc.;
*Reviewing and commenting on plans, regulations, budget, policies and legislation affecting older persons;
*Providing resources to others to enhance their ability to advocate for themselves or their constituents:
a. newsletters and legislative alerts;
b. funding for advocacy organizations;
c. research and information for advocacy organizations and Area Agencies.

The overall goal of State Agency advocacy is to induce change in attitudes and stereotypes of aging, legislation, agency policies and their implementation. Concrete examples of the importance State Agencies put on their advocacy responsibility are their active programs in legal services development and long-term care ombudsman services.

The state ombudsman programs are one of the few programs in which State Agencies can become direct advocates for individual clients. Each State Agency is required to establish and operate a state-wide advocacy program for residents in nursing homes and related long-term care facilities. The state-appointed ombudsman (advocate) holds the responsibility to investigate and resolve complaints of long-term care facility residents,

monitor federal, state and local laws, regulations and policies that relate to long-term care facilities, provide public information about the problems of older persons in long-term facilities and train volunteers to assist with these duties.

(2) Pooling - Developing Financial Resources

Like "linkages," pooling is another one of those terms unique to human services. It refers to creatively combining otherwise distinct funding sources to further support aging services. One can think of pooling activities as a consequence or next step which builds upon the states' advocacy and "linkages" efforts. State and Area Agencies are put into the difficult position of having to coordinate and pool resources which far exceed their Older Americans Act allocations and over which they have no control. Even though network agencies are relatively small, one of the most effective actions they can take on behalf of the elderly is influencing and sensitizing the leadership of major human service programs to the needs of the aging.

Many State Agencies have been quite successful with their pooling efforts. A number of State Agencies administer a portion of their states' Social Service Block Grant funds (formerly Title XX of the Social Security Act) which provide services for low-income persons of any age. State Agencies also have received in some instances state monies for particular services to the aged, such as for in-home services, nutrition, transportation or volunteer programs. Foundations have been tapped to further support such normally Older Americans Act funded activities as state-wide needs assessments, studies of health care provision and even the construction and renovation of senior centers. Pooling is one of the great challenges of the State Units on Aging and can reap tremendous benefits for the older population. The opportunities continue to exist for sharing resources to more effectively serve the aged.

(3) Coordination

Just as pooling reflects cooperative funding of aging services, coordination seeks multiorganization participation in service delivery, planning and policymaking. Money need not change hands to affect a solution to a gap in service for the elderly.

Much can be achieved when agencies at the state level agree to work closely together in such activities as:
*performing needs assessment
*setting goals and objectives
*designing programs
*establishing policies and procedures for program operation, or
*utilizing common reporting formats and information requirements.

Coordination activities often take the form of inter-agency task forces, ad hoc committees, and staff sharing between agencies for particular program advisory boards, model projects, or program review committees. State Agencies utilize these mechanisms to improve existing inter-agency relationships and create new links among state agencies and organizations capable of providing opportunities and services to older persons.

(4) Community Involvement

The aging network structure incorporates an important role for consumer, provider and public comment. The Older Americans Act maintains a strong emphasis on consumer involvement and mandates older consumer majorities for state and area advisory councils. The active involvement of the elderly, other citizens, and representatives of public, voluntary and private organizations have been a great help to State Agencies in recognizing needs and taking appropriate steps to address them. Public input is used to improve state agency planning and program design, and equally important, can serve as an advocacy base of community support to help effect change.

(5) Capacity Building and Technical Assistance

State Agencies are in a pivotal position to offer direction and teach essential skills to the relatively new and still growing network of Area Agencies and service providers. State Agencies utilize a number of strategies in this regard.

*Capacity building is offered, which in plain terms is consultation and support given to other state organizations to strengthen their management, fiscal and service-delivery capabilities. State Agencies have opportunity to work with state-wide senior organizations and agencies in such areas as program development, program design and service delivery to increase the level and effectiveness of particular services to the older population.

*Technical assistance is given to Area Agencies and through Area Agencies to service providers in such areas as management skills, monitoring techniques, and basic grant-making and contracting procedures. State staff conduct site visits and provide program guidelines when needed. Each State Agency also maintains a policy and procedures manual for reference by its staff as well as the Area Agencies.

*Training is the means by which the State Units can directly affect large numbers of staff from many different agencies and levels of the aging network. State Units provide specialized orientation sessions, workshops and conferences. A special focus of state training activities is manpower development, which includes training for staff at the state, area and local levels who are new to the field of aging as well as strenthening the capacity of various human services agencies to serve the aging. Training events are directed at staff and volunteers from interested agencies and private organizations which work with the elderly. Title IV-A of the Older Americans Act has been an important source of training funds for the State Agency.

d. Administration

Federal regualtions require State Agencies to:
provide for the use of methods of administration which are necessary for the proper and efficient administration of the (State) plan.[3]

Furthermore, State Units are required to:

1. Administer the State Plan - an activity which encompasses all the specific program mandates to the states, which include multipurpose senior centers, nutrition services, legal services, information and referral and long-term care ombudsman.
2. Develop written policies and procedures to guide State Agency operations.
3. Maintain an adequate number of qualified staff.
4. Divide the state into planning and service areas and designate Area Agencies.
5. Create a formula for the allocation of Title III funds within the state and act as the fiscal manager to distribute Title III funds to the Area Agencies.
6. Assure that preference is given to providing services to older individuals who are most in need.
7. Enter into an agreement with the USDA Distributing Agency to receive support for nutrition services.
8. Provide administrative and hearing procedures.
9. Maintain directory of "community focal points" for aging services for the state.
10. May enter into contracts to carry out demonstration projects of state-wide significance relating to the initiation, expansion or improvement of aging services.

[3]Older Americans Act Regulations, 45CFR Chapter XIII, Subchapter C, Part 1321, Subpart B, Paragraph 1321.15.

11. Establish programs and fiscal information and reporting requirements to satisfy both internal and external information/reporting needs, such as:
    - Budgets, budget management;
    - Funding source, service, line item accounting;
    - Summary and/or detailed client/service/unit measure/provider data;
    - Unit costs;
    - Volunteer activity.

State Agencies must also establish procedures for disclosure of information to interested parties and must maintain policies to protect the confidentiality of client-specific data.

C. Area Agencies on Aging

1. Mandate

Area Agencies share with the State Agencies the mandate of the Older Americans Act to "foster the development of comprehensive service systems to serve older individuals," but have a unique focus on local agencies and service providers. The Area Agency role can be viewed as that of a catalyst among divergent groups at the local level to encourage a more complete range of services to the elderly (continuum of care) and a more coordinated delivery of service. Area Agencies work with units of local government as well as service provider agencies like county welfare departments, public health nursing services, Community Action Agencies and senior organizations. The bulk of the typical Area Agencies resources in staff time and money is devoted to the grant-making function. The Area Agency is the visual representation of the government's effort to assure services for the elderly with the planning initiating at the grass roots level. It is through this agency that community services are funded, implemented, coordinated, expanded and maintained.

2. Organization and Structure

Prior sections have told how the 1973 Amendments to the Older Americans Act created the Area Agencies and gave State Agencies the authority to divide their states into planning and service areas and to designate Area Agencies. Currently, 42 states, plus Puerto Rico, have established Area Agencies.

Area Agencies may be either an agency whose single purpose is to administer programs for older persons or a multipurpose agency with the capacity and authority to administer human service programs. A multipurpose agency must delegate all its authority and responsibility to a single organizational unit in the agency unless a waiver has been granted by the State Agencies.

Area Agencies throughout the country have diverse and unique organizational structures depending on whether they are single-purpose agencies or agencies located within a multipurpose organization often referred to as the "umbrella agency." They can be public agencies located within county government, regional planning councils, city government, or educational institutions. They can also be private nonprofit agencies with a free-standing board of directors, whose single purpose is to plan, coordinate and administer aging service programs. Indian tribal organizations may also be designated as Area Agencies on Aging.

Area Agencies on Aging are not always referred to as such by name throughout the country. They may take the title which

reflects the type of agency they represent, such as Region 14 Council on Aging or Region K Council of Governments. The title may reflect city or county locations such as Montgomery County Area Agency or San Francisco City and County Commission on Aging.

In 1977, the House Select Committee on Aging surveyed 555 Area Agencies and approximately two-third responded. At that time, 61 percent of those surveyed were public agencies, and the remaining 39 percent were private, nonprofit agencies. About 80% of the public AAAs at that time were located in Councils of Government, Regional Planning Commissions and county government. Just under 60% of the private, nonprofit Area Agencies were free-standing, independent agencies.

Area Agencies are required to have a full-time director and an adequate number of staff to carry out its purpose. Area Agencies are allowed up to 8.5 percent of Title III-B (Social Services) and Title III-C (Nutrition) dollars for administrative costs. Staffing patterns for Area Agencies are not consistent due to Title III allocations and the different funding sources that may or may not be administered by the Area Agencies.

3. Major Responsibilities

Similar to the range of responsibilities at the state level, Area Agencies undertake at the local level a correspondingly broad set of activities and mandated tasks. Area Agency responsibilities generally fall into the areas listed below:

*Planning and Service Systems Development
*Grants Management
 -Area Agencies Grant-Making/Contracting
 -Area-Level Award Process
 -Grant/Contract Monitoring and Evaluation
*Linkages with Community and Service Organizations
 -Local-Level Linkages
 -Advocacy
 -Pooling
 -Coordination
 -Community Involvement
 -Capacity Building/Technical Assistance
*Administration

a. Planning and Service Systems Development

Each Area Agency is responsible for the preparation of a three-year Area Plan with annual updates which identify and prioritize the needs of older persons and specify what services shall be provided to meet those needs. Plans are based upon needs assessment with local input and criticism so that it fully represents the needs of older people in their planning and service area.

The Area Plan has three principal purposes.

1. It serves as a planning document which describes priority needs, objectives and activities to be undertaken by the Area Agency on behalf of programs for older persons in the planning and service area.

2. It represents a formal commitment to the State Unit at to the manner in which the Area Agency plans to utilize Older Americans Act funds and carry out its administrative functions.

3. It is viewed as a "blueprint for action" which represents a commitment by the Area Agency to fulfill its roles as the planner/catalyst/advocate on behalf of older persons in the planning and service area.

Each Area Plan includes information based on the following:

*Needs Assessment - Regulations clearly state that Area Agencies must assess the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of the use of resources in meeting these needs.[4]

Area Agencies pursue a number of activities for needs assessment similar to the State Agencies but with a different cast of local agencies and consumers. Basic to needs assessment activities is easy access to information on demographic characteristics and to service utilization data. Secondary data sources such as the U.S. census, state agency reports and anlyses, gerontological research literature, health and labor statistics, and client service reports of area human service agencies can all be helpful resources. Appendix A illustrates the kind of service area demographic characteristics which are collected. Appendix E shows the service measures used for selected services to analyze utilization.

*Priority Setting - The results of the needs assessment are analyzed by Area Agency staff and reviewed by the Advisory Council which makes recommendations for priority services for funding to the policy-making authority of the Area Agency. Similar to the State Agency priority-setting process, both needy client groups and particular services are examined. Appendices B, C and D illustrate the range of client characteristics which are considered. The result of this decision-making process is the Area Plan which specifies deficiencies or gaps in local services and identifies the services and types of clients which will be supported with Older Americans Act funds. Thus, the Area Plan makes provision for grant/contract letting to bridges the gaps in services and address the unmet needs identified by the needs assessment and recognized as priorities.

[4]Older Americans Act Regulations, 45CFR, Chapter XIII, Subchapter C, Part 1321.92.

*Program Design - Based on the priorities and system development goals in the Area Plan, Area Agency staff begin working with community groups and agencies to organize new or expanded services. Frequently Area Agencies work in conjunction with grantees and other community agencies to establish service delivery plans which fit the local situation, are efficient in terms of the dollars available to deliver a given level of service and effective in regard to the accomplishment of program objectives.

An example of program design activity is an Area Agency grant to a county welfare department for homemaker services (usually housecleaning). The award may require collaboration between the Area Agency and the local agency on design questions such as:

-how should priority (target) group of older persons be identified?
-what outreach activities should be used?
-what public information activities should be used?
-should county employees deliver the service or should purchase-of-service, contract workers, who are often neighbors/friends/family of the client be utilized?
-can volunteers be used?
-how will employees/purchase-of-service workers/volunteers be trained and supervised?
-who should conduct the initial client assessment; what criteria should be used to assess need, and what forms will be used to standardize the intake process?
-what procedures should be established for on-going monitoring of service delivery and client progress?
-how will clients be referred to other department/agencies for other service needs?
-how will contributions be confidentially accepted and handled with adequate safeguards?
-how will Older Americans Act funds be accounted for apart from Title XX and local funds and
-how can ongoing in-kind support, such as volunteer hours and donated building space being used for local share of the project (the match) be adequately documented?

b. Grants/Contracts Management

(1) Area Agency Grant-Making/Contracting

Area Agencies are heavily engaged in grant-making and contracting for services. Each Area Plan must contain provisions for both nutrition and social services. Nutrition services include congregate meals, home-delivered meals, outreach and nutrition education services. Social services include the mandated priority services, additional supportive services and the establishment, maintenance or construction of multipurpose senior center when appropriate.

The Plan must assure that the Area Agency spends at least some of its social services allotment, Title III-B, for the provision of priority services unless they document to the State Unit that the services from other sources meet the needs of older persons in the planning and service area for that category of service.

Priority services are similar to the goal areas in the State Plan, although classed differently into only three categories: access services
in-home services
legal services

Since Area Agencies directly fund service providers for a wide array of services, the service categories again should be briefly explained.

*Access services as the State Plan section states, are designed to facilitate access to existing services. The services included in this category are: transportation, outreach, and information and referral.

Accordingly, the plan must make sufficient provision for information and referral and outreach so that all persons within the planning and service area are assured reasonable convenient access to these two services.

*In-home services are those services that enable older persons to maintain their dignity and remain in their homes for as long as possible. These services prevent premature institutionalization. Services included in this category are: homemaker, home health aide, visiting and telephone reassurance, and chore maintenance.

*Legal services awards are contracts increase the availability of legal aid and services to assist older persons in securing their rights, benefits, and entitlements. The Area Agencies attempt to involve the private bar in the provision of legal services on pro-rated and reduced fee basis for older persons. Services included in this category are: legal counseling, legal aid and legal community education.

An illustration of frequently used service names can be derived from a 1979 study of eleven State Agencies and seven Area Agencies carried out by the National Association of State Units on Aging. The study found that information about the following services is collected by at least half of the network units surveyed.

Community Health Services	Meals, Congregate
Counseling	Meals, Home Delivered
Education	Meals
Employment	Outreach
Homemaker	Recreation
Home Repair/Renovation	Shopping Assistance
Information & Referral	Telephone Reassurance
Legal Service	Transportation
	Volunteer Opportunities

The Older Americans Act allows for additional supportive services to be provided within the community. They may include, but are not limited to, the following service areas: health screening, adult day care, escort, multipurpose senior center renovation, acquisition and construction, multipurpose senior center staffing, case management and assessment, and counseling in specific areas like pre-retirement, mental health, or employment.

In addition, Area Agencies must assure that local service providers provide an opportunity for participants to contribute to the cost of the service. Services are not denied if the person will not, or cannot, contribute. Contributions are used to expand the services provided at the community level. Confidentiality must be assured when contributions are made, to protect the privacy of each older person. This procedure allows older persons to feel that they impact the service delivery system within their community.

The Area Agency enters into subcontracts or grants with local service providers to provide these services at the grass roots level. Frequently, Area Agencies award Title III funds as "seed money" to begin a service, then gradually reduce the proportion of Title III funds over a limited period of time, such as three years. The "seed money" practice allows some Area Agencies to act as a catalyst in the initiation of local services, but also encourage local resource development.

Area Agencies only provide services directly when they can justify to the State Agency that direct provision is necessary to ensure an adequate supply of services. In some planning and service areas it has been necessary for Area Agencies to provide services directly with the intent of transferring the responsibility for providing these services to a separate service provider in the future.

(2) Area-Level Award Process

By virtue of its official designation and approval of its Area Plan, an Area Agency is authorized to let grants/contracts

within the parameters agreeed to in the Area Plan. The Area Agency usually will have pre-detrmined dates which recur during a twelve-month period at which applications for Title III funds will be considered. The applications on standardized forms are reviewed for completeness, compliance to federal regulations and budget size within the limits set by the Area Plan.

So far the process sounds quite routine. Actually the application process is a time of research and hard work on the part of the applicant and detailed assessment and evaluation by the Area Agency. Astute applicants lobby advisory councils and Area Agency governing boards. The public and other local agencies have opportunity to comment on the application and often do so, both positively and otherwise.

Applicants often solicit letters of support and call elected officials to influence the award decision. Applications frequently are revised before final action is taken to meet criticism, reflect evaluation results or implement the result of compromises negotiated during staff review. In this context the Area Agency through its staff input, advisory council review and governing board final action makes its funding decisions.

(3) Grant/Contract Monitoring and Evaluation

Area Agencies are also responsible for monitoring and evaluating service providers as to their efficiency and effectiveness in delivering services. Title III funded projects are fully evaluated in terms of completion of objectives and the extent of continuing need for such a service prior to the beginning of any new funding period. An adequate information system at the service provider and Area Agency level which collects service utilization data can be a valuable support for the monitoring system. Technical assistance is frequently given at the time of monitoring to assist service providers with program management or service delivery problems.

Part of the monitoring process is to assure that local service providers serve persons 60+ and their spouses, with special emphasis on older persons with the greatest economic or social need. The Title III federal regulations define these needs as follows:

*greatest economic need refers to the need resulting from an income level at or below the threshold established by the Bureau of Census;

*greatest social need indicates the need caused by non-economic factors which include: physical and mental disabilities, language barriers, cultural or social isolation (including that caused by racial or ethnic status) which may either restrict an individual's ability to perform normal daily tasks or threaten his or her capacity to live independently.

States and Area Agencies may supplement these definitions with social and economic need criteria which they develop as part of their policy-making authority. Service providers are responsible for adhering to these federal, State Agency and Area Agency guidelines in the selection of service recipients. However, the Act requires that this must be determined without inquiring as to an individual's income. This process is extremely difficult and requires great sensitivity to the client during the intake process. Social and economic need are determined at the direct service level through outreach, intake, and assessment efforts.

c. Linkages with Community and Service Organizations

(1) Need for Local Linkages

The need for "linkage" at the area level is just as crucial as at the state level. Local agencies are often so pressed for time, staff and money that it's difficult for them to assess needs, plan and initiate contacts with other local providers. It is especially hard for multipurpose agencies when resources are scarce to remain cognizant of the particular needs of categorical or "special" groups like the aged. Area Agencies can serve an important role as the convener or spark that gets the process of inter-agency coordination going. The discussion which follows presents several activities which Area Agencies pursue in their work with community and service organizations.

(2) Advocacy

Area Agencies must also develop goals and objectives within their Area Plans consistent with the emphasis on advocacy in the 1978 amendments to the Act. Generally speaking, to advocate is to plead in favor of, or to recommend publicly a certain course of action.

There are many ways of advocating and many forms of advocacy. This is evidenced by the various capacities in which Area Agencies advocate. In a broad and systemic manner, Area Agencies advocate by working with federal, state and local officials, legislative bodies, elderly constituents, service

providers and the private/voluntary sector to plan and coordinate the delivery and expansion of services. On a more personal and individual level, Area Agencies advocate by assisting individual older persons to receive a service, right or benefit and by providing opportunities for older persons to both directly represent their own interests and to have those interests communicated to the public at large. As a result of these advocacy efforts, Area Agencies on Aging are instrumental in developing community commitments to assure that the rights and dignities of older persons are preserved.

Area Agencies undertake many of the same advocacy activities as State Agencies, modified however to fit their local situation. The Area Agency role includes the following:

*Monitoring, evaluating and commenting on all policies, programs, hearings, and community actions which affect older persons.

*Effectively using advisory councils to speak out on the concerns of the older consumers.

*Conducting hearings on special needs of older persons.

*Representing the interests and concerns of older persons, to public officials, public and private agencies, and other organizations. This can also be accomplished in many ways. Area Agencies may appear or testify before city councils, county boards of supervisors, and state and congressional legislative committees.

*Publishing a newsletter. Graphic presentations depicting Area Agencies activities can also be extremely effective in arousing the attention of local elected officials, relevant service agencies, civic and denomination groups and interested individuals.

*Establishing local legal services and ombudsman programs. Area Agencies are required to coordinate their advocacy activities in support of the long-term care ombudsman program with the State Advocacy activities.

Area Agencies are mandated by the Title III federal regulations to carry out activities in support of the state-administered long-term care ombudsman program. Local level activities range from funding local ombudsman program with Area Agency resources to general coordination and making referrals to the state ombudsman program.

(3) Pooling-Developing Financial Resources

While State Agencies work to find and combined funding sources at the state level, Area Agencies work to achieve the same end at the local level. In fact, it is very common for Title III projects to have multiple funding sources such as United Way, Social Services Block Grant, state funds and foundations. federal and state dollars become more scarce, the challenge of pooling at the local level will grow even greater.

The pooling activities of Area Agencies are important for information specialists to remember. It is often because of multiple funding sources and the need to maintain records of services and costs which can be individually linked with these sources that bookkeeping, client-tracking and reporting have become so complicated. Information systems in the aging network need to be flexible enough to accommodate a great number of variables.

(4) Coordination

Area Agencies coordinate planning activities with other organizations and agencies in the interest of reducing duplication of services, bridging gaps in services and promoting the benefits and opportunities already existing for older persons. Area Agencies are close to the point of service delivery and can most directly affect the way agencies work with each other. Much time and effort must be devoted to develop procedures for inter-agency cooperation for each service. Multiply this assignment by the many services which Area Agencies fund, and one can sense the magnitude of the task.

(5) Community Involvement

Area Agencies conceived as a means of incorporating local control into the aging network and increasing access to the decision-making process authorized under the Older Americans Act. Area Agencies carry out this responsibility by providing the forum for local areas and communities to present their concerns, discuss alternative solutions, banter about strategies and finally decide on a course of action.

Area Agencies help to bring aging issues to the forefront of public mind and onto the doorstep of local elected officials. Thus, Area Agencies provide a vehicle by which the aging themselves, or through advisory council representatives, can speak out to protect the interests of the older population

(6) Capacity Building/Technical Assignment

Area Agencies were conceived position between state and federal authorities who promulgate regulations and the local service provider who bears the responsibility for implementation. By lending a helping hand to local agencies, Area Agencies can strengthen essential management skills and ensure program compliance. Area Agencies utilize a number of strategies in this regard.

*Capacity building (consultation and support) is offered to grantees and other local agencies and organizations to build fiscal and service delivery capabilities.

*Technical assistance is given to grantees on particular management areas such as planning, budgeting, program evaluation and basic contracting procedures. Area Agency staff perform site visits and provide program guidelines as needed.

*Training activities are organized where funds are available (usually Title IV-A of the Act) to offer locally-based sessions and workshops tailor-designed for the particular characteristics of the planning and service area. Local providers often cannot attend training sessions in the state capital due to the cost and time required. Area Agencies provide an important service to the local network by offering low-cost accessible training fine-tuned to their needs.

Locally-based training also has the advantage of attracting a number of direct service staff. These direct service staff have the most regular contact with elderly clients, but rarely get to conferences and out-of-area training events.

d. Administration

Area Agencies also have major administrative responsibilities, especially in light of the small size of many Area Agency staffs. The Area Plan lists information with respect to the administration of the proposed budget for the Area Agency. Aging network units keep track of expenditures under the Older Americans Act by the following primary funding sources:

*Title III-B - Social Services
*Title III-C(1) - Congregate Meals
*Title III-C(2) - Home-delivered Meals

Should additional resources be available, expenditure records must allow costs to be associated individually with these sources as well.

The chart on the next page illustrates a cost allocation procedure by which costs in a few selected line items can be assigned by a service

provider to particular funding sources. A hypothetical service program, such as transportation, may incur $100 in personnel costs. These personnel costs will be charged against appropriate fund accounts, either by documenting each expense as it occurs, or by a formula which pro-rates expenses based on experience. Thus, in the example, half the personnel expense is charged to Title III-B, 10 percent to Title XIX (Medicaid), 20 percent to Title XX (Social Services) and 20 percent to local funds. Other line items, such as travel and building space can use the same or different ratios or can document individual costs when expended.

Line Item	III-B	Title XIX	Title XX	Local Funds	Total Expenditures
Personnel	$50	$10	$20	$20	$100
Travel	$20	$20	-	-	$ 40
Building Space	$24	$ 6	$10	$10	$ 50

Title III-B records at the Area Agency level are further broken down by service category, service, grantee and line item. For example, for a particular award, expenditures are recorded within the areas below.

Service Category : Access
Service : Transportation
Grantee : County Council on Aging
Line items (such as): Personnel, Travel, Building Space, Printing and Supplies, Communications and Utilities, Equipment, Other.

Area Agencies usually maintain two budgets - one for grant-making to service providers and another to support the operation of the agency. The Area Agency operating budgets are kept by line-item accounts similar to those in service provider grants/contracts. A distinction, however, arises in that Area Agency operating budgets are also recorded by funding source (Title III-B, Title III-C(1), Title III-C(2), or other funding sources which the Area Agency may generate beyond the Older Americans Act.)

The portion of the Area Agency operating budget paid for with Title III-B Social Service funds is further broken down into the functional categories of administration, advocacy and service systems development. (The latter term varies between states.) Any Title III-C Nutrition funds under Part (1) Congregate Meals and Part (2) Home-Delivered Meals utilized within the Area Agency operating budget in support nutrition programs is assigned to the administration category.

Charges to the administration function cannot exceed 8.5% of the total Social Services and Nutrition allocations to each State and Area Agency. Due to the use of administration, advocacy and service system development categories, each line item can potentially have up to five budget figures to which the fiscal and reporting system must adjust.

	III-B			III-C(1)	III-C(2)
	Adm.	Adv.	Ser.Sys.Dev	Adm.	Adm.
Line Item Expense	$	$	$	$	$

The Area Plan also presents budget information. In order to demonstrate the Area Agency effort to coordinate with other agencies and pool resources, the Plan indicates the amount of funding other than Title III and nonfederal matching funds which are being utilized to develop a more comprehensive service delivery system. Appendices F and G demonstrate the kinds of budget information gathered by the network on aging.

The median total budget for a "typical" Area Agency on Aging according to August, 1981 data is $1,215,314. [5] However, individual agencies vary enormously in their budgets (e.g., from about $50,000 to over $10,000,000). The basic mandates of the Older Americans Act, in terms of both services and functions, apply to Area Agencies regardless of size. Clearly, therefore, the degree of attention with which they pursue these activities and consequently, their ability to collect and use information will vary.

Additional administrative responsibilities which apply to the State Agencies as well are the required assurances relative to affirmative action plans, compliance with Civil Rights Acts requirements and compliance with Section 504, the Rehabilitation Act of 1973, as amended, which addresses requirements to meet the special needs of the handicapped.

A new responsibility for Area Agencies since 1978 is the designation, if feasible, of focal points for comprehensive service delivery within each community. The Area Agencies must specify in the Area Plan communities in which it proposes to designate and develop focal points. In making the determination, the following items are to be considered:

*Communities with the largest concentration of older persons and persons with greatest social or economic need;
*Service delivery patterns which include Older Americans Act funds and other funds;
*Location of multipurpose senior centers;
*Geographic boundaries of communities and neighborhoods; and
*Location of the facility.

[5] For an extensive description of State and Area Agency on Aging funding sources and budget sizes, see A Profile of State and Area Agencies on Aging-1981, NASUA and N4A, Washington, D.C., August, 1982.

Special consideration must be given to multipurpose senior centers when designating community focal points. Multipurpose senior centers are community facilities where older persons may come together for services and activities which enhance their dignity, support independence, and encourage their involvement in and with the community. Traditionally, multipurpose senior centers have offered rich and diverse programs to meet the complex and varied needs of older persons who represent a wide spectrum of socio-economic status, cultural heritage, and physical well-being (ranging from the very active to considerably impaired). However, nutrition programs, County Councils on Aging, and other service providers may also be considered when designating community focal points depending on their service delivery patterns.

The Title III federal regulations also list Area Agency responsibilities to:

*Have outreach efforts to identify older persons and inform them of the availability of services under the Area Plan. These outreach efforts should have special emphasis on the rural elderly, and on those with greatest economic or social needs. With respect to nutrition services, have outreach efforts that ensure that the maximum number of eligible persons have an opportunity to receive services.

*Establish and provide staff support to an Advisory Council whose membership is more than 50 percent older persons.

*If possible, promote the use of services provided older persons under the community schools program of the Elementary and Secondary Education Act.

*Prepare written policy and procedure manuals regarding Area Agency operations.

Finally, the Area Agencies are primarily planners, facilitators and advocates, but the regulations do allow Area Agencies to perform direct services to clients under special circumstances.

*The State Agency would have to decide that direct service by an Area Agency using its own employees is necessary to assure an adequate supply of services.

*In making this decision, the State Agency must consider:
-the Area Agencies capacity to provide a defined service,
-the service quality,
-service delivery criteria, such as adequate quantity and timeliness,
-efficiency - the relative cost of providing a unit of service.

*The State Agency must apply a test for adequate supply for services related to Area Agency statutory functions, and for services which must be performed in a consistent manner throughout the planning and service area (such as information and referral, outreach, or advocacy).

*For services not required by law within Area Agency functions, the Area Agency must show not only that its direct service is necessary to assure an adequate supply, but also that it can provide the service "substantially more effectively and efficiently than any other provider."

D. Service Providers

By now one can see that the aging network is quite complicated. There is a federal office, regional offices, state offices (42 of which have designated Area Agencies) and Area Agencies, the majority of which provide grants to service providers, but some also are providers, themselves, of certain services.

Local service providers are at the bottom of the administrative hierarchy, but are really at the center of the action. The service providers are the actual helpers - the ones who translate allocations into concrete assistance to the needy elderly.

A service provider is technically defined in the federal regulations as "an entity that is awarded a subgrant or contract from an Area Agency to provide services under the Area Plan." Such service providers take a number of different forms depending on the type of service and locality.

Public and private, nonprofit agencies as well as for-profit agencies may deliver a variety of services (as do district and local welfare departments) or they may be specialized and deliver a narrower range of services, or even one service (e.g., home health agency). Typical provider arrangements within the aging network include subgrants/contracts to:

*local human service/welfare departments for such services as homemaker (usually house cleaning) services or chore services (usually heavier household and outdoor tasks);

*county public health nursing services for such activities as home health aide service;

*Community Action Agencies for such services as nutrition (meal sites) or transportation;

*single-purpose private, nonprofit agencies for services such as advocacy, home delivered meals and information and referral services;

*county councils on aging (private, nonprofit) for such services as county coordinators on aging;

*senior centers (private, nonprofit) for such services as outreach, escort, and telephone reassurance;

*Legal Service Corporation offices for legal aide.

Subgrantees are responsible for service delivery according to the objectives and strategies specified in their subgrant/contract agreements. Agency operations, such as personnel policies or the type of information system used, is the responsibility of the service provider. The Area Agency will only address provider operations issues if through monitoring it is evident that service delivery is being impeded or Older Americans Act funds are being inefficiently used.

III. INFORMATION NEEDS

A. Information Systems as a Management Tool

There are really only two basic reasons to collect information. The first - and sometimes the rationale which gets the most attention - is to satisfy funding source recordkeeping and reporting requirements. Information-gathering is often perceived as a compliance activity to be carried out with as few resources as possible.

The second reason for information collection is to meet the operational and management needs of each agency involved. This second reason is the primary focus of this manual and the other instructional manuals of which this volume is a part. Information systems can and should be essential tools of management to get a clear picture of where an organization is and what remains to be done.

Viewing information systems as a management tool rather than a compliance activity completely changes one's approach to information system design. The basic question becomes "What does management need to know to guide their decisions?" rather than "What must be reported?" Agencies will be more willing to devote staff time and money to an information system that is an integral part of the management program.

The kind of information being sought changes with one's perspective on the use of the data. Compliance systems will only collect data on reporting categories, but management needs to know more. Management needs to understand trends and analyze service delivery to identify gaps in service or assess whether the need is being met. For example, data which indicate that high utilization of particular services in certain neighborhoods are important information for priority setting, grant-making and budgeting. Client characteristic reports which show low participation by minorities compared to their documented need certainly would indicate to management staff a need for new outreach and targeting strategies. A decline in ridership on a transportation program could show a need for an on-site monitoring visit. Is the decrease in use due to a reduction in need, inclement weather or perhaps service delivery problems which require corrective actions?

Timely and accurate information greatly assists management activities, but is also very difficult at times to gether. A problem in collecting good information on network activities is the open-ended nature of the Older Americans Act.

Compared to other human service legislation the Older Americans poses very few eligibility requirements. A person only has to be old; that is, age 60 or over in most cases, in order to qualify for assistance. Older participants may not by law be asked their income (no means test). There are no charges for Title III services, rather participants are allowed to confidentially contribute as they feel able. As a result, client characteristics are frequently estimated or inferred and many diverse types of older persons are served.

The Act's broad criteria for participation and very general statement of purpose for a "comprehensive and coordinated service system" sometimes lead network units to fund and coordinate a great variety of services and programs.

State Units on Aging can find themselves responsible for monitoring the performance of 30 or more distinct service types among the Area Agencies of a particular state. Not only is there tremendous variation in the type of services, there is little agreement between states on service definitions, which makes interstate comparisons very difficult. Hopefully, a recent study on uniform descriptions of services funded by Administration on Aging will encourage a more standardized service language for planning and program management purposes.[6]

A corollary to diffuse service descriptions are multiple measures of output for any one service. For instance, is a unit of transportation service a passenger mile or a one-way vehicle trip? Unit of service measures which are consistent across planning and service areas and states are a great help for analyzing service delivery in terms of efficiency and productivity. Any comparison of services, of course, assumes that a standardized procedure exists by which units of service are reported and by which all related costs are calculated. Such unit costing capability is rare among network units and, at a minimum, is a reflection on the need for better information systems at the service delivery level.

Although the absence of nationally standardized procedures for reporting and uniform description of services and unit costs hinders the collecting of as much information as a network manager would ideally like, one can still identify the minimum questions which an information system should seek to answer. With few exceptions, all of these data are required for both State and Area Agencies.

*Where are the elderly located within the planning and service areas?
*What are the general characteristics of the elderly clients?
    -age specific;
    -living arrangement;
    -service needs.
*What is the capacity of existing providers?
    -services offered, units delivered;
    -monitoring, evaluation process followed;
    -staff capability (qualifications, "track record").
*How many elderly are being served?
    -by service and service category;
    -by provider.
*Is this a fair cost compared to agencies serving similar populations and providing similar services?
*What is the cost of serving a client?
    -by service and service category;
    -by provider.

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[6] Uniform Descriptions of Services for Aging, NASUA, N4A, TSDI, May 1, 1981, funded by AoA, OHDS, DHHS Grant # 90-A-1657.

A relatively new use of service data in the network on aging is that of case management for especially vulnerable older persons. In the past, many of the services delivered to clients under the Older Americans Act were directed towards a comparatively well/ambulatory population whose service needs were not complex. Partly as a result of an increasingly "older" aging population and the tighter funding situation, there has been growing emphasis within the network on serving an elderly population whose service needs are more intense. Older persons requiring two or more "hard" services and possessing certain characteristics indicative of potential risk, such as living alone or age 75+, are variously categorized as vulnerable, frail, at risk, or pre-institutional. Vulnerable elderly frequently require services from two or more providers and may compel the use of funding source combinations whose information requirements (in addition to Title III-B or C) are extensive, detailed and client specific, e.g., Titles XVIII (Medicare), or Title XIX (Medicaid) of the Social Security Act.

Servicing the vulnerable elderly requires individual case management which assists older persons gain access to needed services between agencies and programs. Cooperation is essential among the two or more agencies servicing the same client and using different funding sources and different information systems. Additional difficulties may be encountered when purchase of service arrangements exist between agencies, partly due to the service providers' fear of paying for duplicative services to the same client.

A recently published information systems planning guide for the mental health field succinctly describes how an information system can support case management activities.

> The case management components of the management information system should provide a mechanism for formalizing and documenting case management activities. It should document the assignment of case management responsibilities while the client is in the agency's active caseload. An effective management information system will provide for rigorous documentation to ensure (1) that there is always someone who has case management responsibility for the client/case, (2) that the formal assignment and acceptance of responsibility are documented, and (3) that no client will ever "fall through the cracks" in the service delivery system.[7]

The manipulation of individual client data also brings to mind potential misuse and the need for confidentiality. Increasingly, information systems

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[7] John A. Paton and Pamela K. D'huyvetter, Automated Management Information Systems for Mental Health Agencies: A Planning and Acquisition Guide, Series FN No. 1, Mental Health Service System Reports, National Institute of Mental Health, Alcohol, Drug Abuse and Mental Health Administration, Public Health Service, U.S. Department of Health and Human Services.

in the aging network need the capacity to handle and protect client-specific data. Particularly at the level of Area Agencies and service providers, large amounts of data on individuals are collected for service providers, large amounts of data on individuals are collected for service delivery and reporting reasons. The federal regulations have clearly outlined the conditions under which client-specific information may be used. The regulations read as follows:

(a) Confidentiality.

(1) The state agency must have procedures to ensure that no information about an older person, or obtained from an older person by a service provider or the state or area agency, is disclosed by the provider or agency in a form that identifies the person without the informed consent of the person or of his or her legal representative, unless the disclosure is required by court order (federal regulations), or for other program monitoring by authorized federal, state, or local monitoring agencies.

(2) The state agency must ensure that lists of older persons compiled under (these regulations) are used solely for the purpose of providing services, and only with the informed consent of each individual on the list.

(b) Disclosure.

Subject to the confidentiality requirements in paragraph (a) of this section, the state agency must make available at reasonable times and places to all interested parties, the written policies required under (this section), and other information and documents developed or received by the agency in carrying out its responsibilities under this part. The state agency is not required to disclose those types of information or documents that are exempt from disclosure by a federal agency under the Federal Freedom of Information Act, 5 U.S.C.552.[8]

On issues of confidentiality and disclosure network units are generally very sensitive. With increasing emphasis on case management for individual clients and long-term care service for the disabled elderly, client-specific information and its attendant rules will become even more familiar to the network.

[8]Older Americans Act regulations, 45 CFR, Chapter XIII, Subchapter C, Part 1321.91.

B. Network Forms and Reports

To help explain the kinds of information which aging network units collect, it may be helpful to summarize into general categories the forms used as data collection documents. An illustrative listing includes:

*Client Intake Forms;
*Client Assessment Forms;
*Client Eligibility Determination Forms;
*Client Service Recording Forms - Detailed by individual;
*Summary Service Recording Forms;
*Program Performance Reporting Forms
(general, summary report of Activity);
*Agency Description Registration Forms;
*Program Plan/Proposal Forms;
*Agency Revenue Recording Forms;
*Agency Expenditure/Invoice Forms - Detailed by transaction;
*Agency Expenditure/Invoice Forms - Summary;
*Staff Activity Recording Forms;
*Equipment Inventory Forms; and
*Program/Agency Assessment Forms.[9]

The data elements taken from these forms can also be conveniently grouped as follows:

*Client Characteristics - Detailed by individual;
*Client Characteristics - Summary;
*Agency Characteristics;
*Client Service Activity Names and Measures - Detailed by individual;
*Client Service Activity Names and Measures - Summary;
*Staff/Volunteer Characteristics and Activities - Detailed by individual;
*Staff/Volunteer Characteristics and Activities - Summary;
*Agency Expenditure Information - Detailed by transaction;
*Agency Expenditure Information - Summary;
*Agency Functional Activities Other than Service Delivery (e.g., Planning);
*Service Area Demography;
*Agency Budget and Service Projections.[10]

The earlier cited study of 18 State Agencies and Area Agencies conducted by the National Association of State Units on Aging, identified the most prevalent data elements used by major category. Figure 2.1 presents the relative frequency of use of this information by the network units studied.

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[9]For a more detailed discussion of the types of forms utilized by the network, see Aging Unit Information Systems Baseline Data Report, National Association of State Units on Aging and TSDI, Inc., Washington, D.C. and New York City, New York, respectively; December, 1979.

[10]Ibid.

Figure 2.1

INFORMATION FREQUENTLY COLLECTED BY NETWORK ON AGING UNITS[11]

Data Elements by Major Category	Number of Units on Aging Collection Data (N=18) Total	S.U.A.	A.A.A.
Client Characteristics/Identification Information			
. Ethnicity	14	10	4
. Low Income Status	13	10	3
. Functionally Disabled	7	5	2
. Sex	6	4	2
. Location of Residence	6	3	3
Agency Characteristics			
. Type of Facility	9	8	1
. Services Offered	8	7	1
. Frequency of Operation	8	7	1
. Geographic Area Served	7	6	1
. Public Agency	6	4	2
. Private, Non-Profit Agency	6	3	3
Client Service Activity Names and Measures[12]			
Staff/Volunteer Characteristics and Activities			
. Paid Staff	13	11	2
. Volunteer	13	11	2
. Ethnicity	12	11	1
. Above/Below Specified Age	11	10	1
. Sex	11	10	1
. Full-time/Part-time Status	9	7	2
. Hours worked	8	4	4
. Clerical Position	6	6	0
Aging Unit Functional Activities Other Than Service Delivery			
. Training (number of persons trained)	10	9	1
Service Area Demography			
. Elderly Population by Ethnicity	8	8	0
. Population (60+)	8	6	2
. Low Income Elderly Population	6	5	1
Aging Unit Budget and Service Projections			
. Projected Funding Sources and Amounts	12	8	4
. Projected Staff/Volunteer Characteristics and Activities	10	7	3
. Budget Expenditures by Service/Functional Activity	10	6	4

(Figure 2.1 continued on next page)

(Figure 2.1 continued)

Data Elements by Major Category	Number of Units on Aging Collection Data (N=18)		
	Total	S.U.A.	A.A.A.
Aging Unit Budget and Service Projects (continued)			
. Budgeted Line-Item Expenditures - Summary	10	5	5
. Projected Functional Activities/Measures	9	7	2
. Service Area Demography	9	7	2
. Agency Characteristics	9	7	2
. Narrative Description of Services/ Functional Activities	8	6	2
. Numbers of Persons to be Served	8	5	3
. Client Characteristics/Identification	7	5	2
. Advisory Council Size/Composition/Activities	6	5	1
. Projected Services/Service Measures	6	4	2
Aging Unit Expenditure Information			
. Expenditures by Funding Source	15	11	4
. Service/Functional Activity Expenditures	15	11	4
. Line-Item Expenditures	15	9	6
. Unit Costs	7	6	1
. Percent/Amount of Budget Expended	7	3	4
. Estimated Expenditures	6	6	0

[11] ibid.

[12] For an in-depth discussion of client service activity names and measures, see Uniform Descriptions of Services for the Aging, National Association of Area Agencies on Aging and National Association of State Units on Aging, Washington, D.C., May 1, 1981.

Aging units appear to be in relatively close agreement about the kinds of financial information they should collect, and a readily defined group of fiscal information is gathered by most state and area agencies. This is not true for data about the client, service, or provider.

In addition, very little information is formally reported about the performance of functional activities other than service delivery. These aging unit functional activities include:

ADMINISTRATION
CONTRACT MANAGEMENT
COORDINATION
MONITORING/EVALUATION
NEEDS ASSESSMENT
PLANNING
POOLING
PROGRAM DEVELOPMENT
PUBLIC INFORMATION
TECHNICAL ASSISTANCE
TRAINING/STAFF DEVELOPMENT

Monitoring and assessment activities by respective network units, including the review of State and Area Plan content and on-site monitoring visits, do produce information on these functional activities. However, standardized terms and measures to describe network functional activities are only infrequently found.

The Appendix gives more detailed examples of the data often collected by selected information categories and activities.

C. Network Information Flow

In general, information flows from the provider of a service to the funding source via those units which have an intermediate administrative responsibility for the funds. The information requirements of the funding sources are a major factor in defining the information that is collected and processed at varying levels. In addition, each level of the network has its own legitimate management/administrative information needs which adds to the reporting burden of the network units below it.

It is important to note that the service provider is the ultimate generator of source data on clients, services and expenditures. The aging network staff and information specialists need to remain sensitive to the time

and money pressures frequently felt at the local level. Too often reports are viewed as unfortunate baggage necessary to qualify for the federal funds, which of course affects the quality of the data reported. It is difficult for many local service providers to step away from the hectic routine of program operation and direct service to clients in need and take the longer view required for planning and information provision and analysis. Even when only summary data is reported as opposed to individual client information, the accuracy of the reports is heavily dependent on precise and consistent procedures for initially capturing the service information. Direct client service staff need to record client intake and service data using common service definitions and reporting formats or the information system will ultimately be built upon a faulty base. Information specialists and network managers need to remember that data on clients, services and expenditures received from the service provider is as reliable as the procedures for compiling the information. A very real limit to network information systems is the capacity and willingness of providers to compile the extent of information requested. The quality of the network information flow is enhanced when the level doing the reporting understands that its information directly contributes to management's ability to plan for efficient and effective services.

D. Use of Multiple Funding Sources

1. The Challenge of Multiple Funding Sources

The flow of information through the network is complicated by other funding sources which may be used by State Agencies, Area Agencies and service providers. Many, if not most, of the aging network units receive more than one source of revenue. Most of the funding sources establish reporting requirements which are different from those of Older Americans Act funds. Network units have the responsibility not only to comply with the information requirements assigned, but also to integrate divergent sets of program requirements. Having multiple funding sources inevitably leads to multiple reports. Various staff in separate departments can find themselves unknowingly collecting/manipulating the same data, but for different funders.

Gaps in data collection are just as common as overlap and duplication. An agency unwittingly can leave essential management information uncollected, since its staff is more than busy with compliance reports to funders.

Multiple funding sources also complicate information needed by State Agencies, Area Agencies, and service providers. The network agency needs to establish an accounting system for the equitable distribution of the local share of the costs and make sure it meets the mandated matching ratios which vary between programs. Agency costs also must

be assigned to each funding source according to an established and verifiable cost allocation method. Based on experience, agencies develop cost allocation formulas to distribute costs for items like building space, insurance, office supplies and communications. Other costs which are larger and more variable must be recorded by funding category when incurred.

Consequently, the success of the network on aging in pooling resources has enormously complicated its information requirements. Administrative and reporting responsibility for these "other" funds may or may not parallel the flow of Older Americans Act funds. For example:

*a State Agency may administer Social Service Block Grant funds which are, in turn, granted to Area Agencies and then to service providers; or
*state social service departments may grant Social Service Block Grant funds directly to a service provider, which is also a recipient of Older Americans Act funds.

The latter example places a substantial reporting burden on the service provider. As a result, problems and questions relating to the integration of the funding sources and program design are left squarely on the shoulders of the provider. Some difficulties encountered when collecting data using multiple funding sources are:

*Complexities of Medicare,Medicaid and other funding sources whose reporting systems preempt attention from other information needs of agencies.
*Staffs frequently see data collection as an attempt by supervisors or funding agencies to gain control.
*Funding sources under which they operate require specialized data which is not collected for other funding sources, e.g., diagnosis, treatment.
*Medical professionals see their internal reports as having priority over social service needs.
*Need for case management requiring extensive, detailed client data.

Multiple funding sources also introduce network units to various matching ratios. Many federal funding sources require cost-sharing from non-federal sources in order to qualify for the federal resources. This local cost-sharing is called the "match" and varies in proportion to total program cost depending on the type of funds. Older Americans Act programs require at a minimum a 15 percent local match, some state programs and foundations require local cost-sharing and Department of Transportation programs in some instances adjust the local match required after review of the local resources available. Network on aging units have the option of setting higher local cost-sharing ratios and can mandate increasing local cost-sharing over the span of a project period.

Local cost-sharing is often accomplished by means of both cash contributions and in-kind donations. Anyone new to human services budgeting is bound to be confused by such jargon of cash and in-kind resources and expenditures. It is easy to explain cash - it is money made available for the program purposes. In-kind is another matter. Federal regulations define in-kind as follows.

> Third-party in-kind contributions means property or services which benefit a grant-supported project or program and which are contributed by non-federal third parties without charge to the grantee ...[13]

The federal regulations list the procedures by which donated services and property may be valued. Examples of in-kind resources are the value of Advisory Council members' time at meetings, donated building space for aging services or the value of volunteer time at meal-sites.

The use of in-kind resources and multiple funding sources can present problems when designing an information system. Managers often wish to derive unit of service cost data by which certain comparisons can be made and on which service contracts can be negotiated. Two problems in particular can arise in respect to unit of service costs. The first problem is that only the in-kind support needed to meet the local cost-sharing requirement is included on the contract/grant budget and the expenditure reports. Frequently much more in-kind support is utilized than reported. In-kind resources received over and above match requirements is considered excess and inclusion in budgets and financial reports could earn the network unit/provider more federal dollars than it has cash expenses. Thus, not all in-kind expenditures committed in the support of project activities are accounted, and unit of cost figures based on reports can be understated. This first problem of under-reporting in-kind expenditures is frequently in programs which rely extensively on volunteer labor, such as volunteer transportation programs and nutrition programs for the elderly.

The second problem presented by multiple funding sources and in-kind expenditures is that some of the resources may come from other federal sources. Since cost-sharing must originate from non-federal sources, federally-supported inputs to a particular service frequently are not shown in the budget and reports for use by the network on aging. As an example, staff paid through federal employment programs provide important support to many agencies which serve the elderly, but the value of this support is frequently not shown in network reports and budgets. Other federal resources, such as vans paid through UMTA, the Urban Mass Transit Act; building space provided by the Community Services Block Grant; or staff support through the Social Services Block Grant, are important inputs to the total resources needed to deliver services to the elderly and should be accounted for in an information system, but often are not acknowledged and included in unit cost data.

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[13] Code of Federal Regulations, Title 45, Part 74, Subpart G, Paragraph 74.51.

It is too soon to tell what the impact of the new block grant legislation will have on State and Area Agency on Aging programs. At a minimum, one can expect an even greater competition for reduced program dollars. It is possible that reporting requirements and stipulations for local cost-sharing (match) will change, but such decisions are yet to be made at the federal and state levels. Title XX of the Social Security Act has been "re-packaged," so to speak, in the Social Services Block Grant, but has not been substantively revised. Other programs, such as those under the Community Services Act, have also been consolidated into block grants and have received reduced allocations. CETA, the Comprehensive Employment and Training Act, is being phased out to be replaced by a federal training program of a much smaller scale. These substantial changes in federal human service programs are expected to affect the way State and Area Agencies gain access and utilize other funding sources; nonetheless, many aging units are likely to continue to have responsibility of multiple funding sources.

The important point to remember for information specialists is that the use of many different funding sources, cost-sharing ratios, and cash/in-kind resources are central variables which must be accommodated by any information system which is to serve a network on aging unit. What follows for the benefit of a systems designer is a brief discussion of some of the main funding sources utilized by the network on aging and their relationship to Older Americans Act programs.

2. State and Local Government Funds

The aging network benefits substantially from contributions from state and local government. State Units frequently have on-going support from legislative programs for a specific purpose, such as nutrition (meal-sites), transportation or in-home services. State funds can be allocated directly to a State Unit or other agency in state government, so information requirements will vary with the funding track chosen.

Information requirements will also depend on the implementation strategy selected. State Agencies can:

*operate the state-funded program itself;
*make state-funded grants direct to service providers; or
*award the state funds to the Area Agencies, who then subgrant the funds to service providers.

Obviously, the number of hands on the money and aging network levels involved will affect the amount and type of data needed. Generally, state monies are more flexible and have fewer information requirements than federal funds, although there are exceptions.

Area Agencies and service providers are the primary beneficiaries or local government contributions. These funds can be procured in a number of different ways. Area Agencies can receive local government funds through:

*general-purpose contributions from counties and/or municipalities;
*taxing authority of host agency, e.g., regional development commission;

*allocations for special/specific projects, such as for a transportation service;
*(to a lesser extent) fees for service (planning, program evaluation and other forms of technical assistance).

Service providers which are part of county government, e.g., welfare departments, public health nursing, are supported by local tax dollars. Nonprofit incorporated service providers receive local government support by:

*competing for general revenue-sharing funds which local units of government receive from the federal government;
*purchase of service arrangements whereby the local unit (usually county) reimburses the agency for previously specified units of service delivered;
*(less frequently) direct allocation of local tax revenues.

Local units of government vary greatly in the amount of information feedback desired. Smaller local units often set very minimal data requirements, even though they too need program performance information to inform their decision making. Service providers usually are acutely aware of the need to demonstrate through "hard" numbers such as persons served and units of services delivered the value of their programs to local officials to help assure continuation funding.

3. Social Services Block Grant (formerly Title XX, Social Security Act)

The SocialSecurity Act is the legislative base for several major federal human service programs. The Social Security Act contains titles for child welfare, Medicare, Medicaid (health care for the indigent) and social services. In October, 1981, Title XX, which authorized funds for social services, was subsumed under the Social Services Block Grant to provide federal resources for state, district and local human services/welfare departments. This Block Grant is an important source of assistance for low income persons of any age. It funds, at a level several times greater than the Older Americans Act, a broad range of services which are important to many older persons, including

*senior centers;
*homemaker and chore services;
*joint funding for provider transportation services;
*long-term care special projects; and
*nutrition.

The Social Services Block Grant allows broad discretion at the state level for the types of services to be funded and the administrative channels to be used to disburse the money. States have chosen various structures, such as:

*funds are directly administered by an agency of state government and its district offices.
*monies go to a state human service agency which distributes the funds to local welfare/human service departments (no aging network involvement);
*monies go to a state human department which then allocates a portion to the State Unit;

*monies designated for aging go directly to a State Unit; or
*monies go directly to Area Agency, by-passing State Unit.

State Agencies generally award Social Services Block Grant monies, when available, to the Area Agencies, who usually subgrant it to service providers.

The former Title XX had extensive federal and state reporting requirements and needed data different from what the network on aging was otherwise accustomed to collecting, including records at the state-level on individual clients and specific client income figures. Service providers with both Title XX and Older Americans Act funds had worked under a substantial reporting load. In a multiple funding environment, specific State Unit and Area Agency information needs continue to vary considerably. In some cases State Units will control the allocation of Block Grant funds, but only the Area Agencies will be responsible for reporting to the state multipurpose human service agency which handles the Block Grant. The Social Services Block Grant has already begun to affect the kinds of reporting requirements with which State and Area Agencies must contend by delegating much more flexibility to states in the types of information to be gathered.

4. Project Income

Service providers which receive Older Americans act funds must provide older clients with a confidential opportunity to contribute to the cost of the service. Service providers are required to use all contributions to expand services and, with nutrition, to increase the number of meals served. Contributions made by older persons are considered program income and thus become federally earned and subject to Older Americans Act requirements.

Project income is usually quite a small part of the overall social service budgets due to the generally low-income older persons being served. On the other hand, project income can be substantial in nutrition projects. Frequently, project income reaches 25 percent of the Older Americans Act grant award in nutrition (congregate meals) projects. Increasingly, transportation projects are generating income. Project income introduces no new reporting requirement itself, but does affect total program resources and expenditure reports and must be part of any information system.

5. U.S. Department of Agriculture (USDA)

USDA is an important source of support for the Older Americans Act nutrition services, both for congregate and home-delivered meals. USDA support is offered through two main channels: the commodities program and the Food Stamp Act.

The commodities program supplies food, cash or a combination of both to nutrition service providers under the Older Americans Act.

The State Unit must have a written agreement with USDA under which the State Unit distributes all resources received from USDA through Area Agencies to nutrition service providers. Each provider's allocation is based on the number of meals it served to persons eligible for Older Americans Act services. As of mid-1981, nutrition providers received just over 47 cents or the equivalent in commodities for each meal served with no limit on the amount of USDA resources which could be earned.

The Food Stamp program issues vouchers for food to low-income clients, many of whom are elderly. Nutrition service providers are required to assist participants in taking advantage of benefits available to them under the Food Stamp program. The older person uses food stamps to contribute toward the cost of a meal at meal sites or for meals which are home delivered. USDA commodities, cash in lieu of commodities and food stamps affect total resources and expenditures in a way similar to project income and should be tabulated with unit of service cost information. The only information USDA currently requires is verification of the number of meals served to eligible clients.

6. Federal Employment and Training Programs

Various federal programs have offered employment and training opportunities to persons of any age. Older persons can benefit if they meet eligibility criteria regarding the duration of unemployment and a suitable work site can be found.

In the past the Comprehensive Employment and Training Act (CETA) has been especially helpful to network service providers by assigning workers to projects which serve the elderly. The service provider received the benefits of the worker's placement for a specified period of time at no cost to the agency. The rationale for CETA programs was that unemployed persons would gain skills, work experience and training if needed and would become better able to gain an unsubsidized placement when CETA benefits run out.

The value of federally-subsidized larbor is often not reflected in aging network budgets and reports, because no cash outlay is required of the network agency and federally paid staff time is not allowable as matching funds for federal grants. When federally-subsidized labor is used and not reflected in expenditure reports, the true total cost per unit of service will be understated.

7. Urban Mass Transit Act (UMTA), U.S. Department of Transportation

UMTA is a valuable funding resource for transportation and was not consolidated into any of the 1981 federal block grants. Sections 18 and 16(b)(2) offer funds to purchase and equip handicapped-accessible buses and vans to provide specialized transportation services to all age groups. Section 18 also will provide operating

funds in some instances. Less frequently Section 5 has been tapped to assist with operating funds for special transportation projects which serve the elderly and handicapped in conjunction with public mass transit systems.

State Agencies frequently play an important role in the development of application review criteria and in the ranking of applications for funding. Usually the final ranking decision must be reviewed and approved by the federal Department of Transportation.

Area Agencies get involved with UMTA funding when trying to pool resources and expand opportunities for accessible low-cost transportation. UMTA funds are essential in many cases for equipment purchase while local funds and Older Americans Act monies support operating costs. The UMTA award is generally channelled through the state transportation agency direct to the service provider. The State Agencies and Area Agencies provide technical assistance at their respective levels in support of broadening transportation assistance to the elderly.

Receipt of both UMTA and Older Americans Act funds can lead to program design and reporting problems.

*UMTA is for all age groups; Older Americans Act generally for those age 60 or over and their spouses.

*UMTA encourages service to the handicapped; Older Americans Act services are generally not available to the handicapped under age 60.

*UMTA allows fee for service; Older Americans Act only allows "contributions."

*UMTA, depending on the state enforcement agency, may mandate certain travel restrictions to avoid commercial competition; Older Americans Act is extremely flexible on transportation program design.

*UMTA does not fund volunteer drivers in personal vehicles; Older Americans Act allows extensive use of volunteer drivers.

These operating problems should not obscure the tremendous value of coordinating UMTA and Older Americans Act funding activities. Many programs are operating which have successfully overcome these initial obstacles.

8. Private Sector Funds

Private sector funding is something every aging network unit wished it had. The great advantage of private money is its flexibility. The usual "no strings" approach to grants and gifts from foundations and corporations is a boon to network units accustomed to the regulatory apparatus which comes with federal, and to a lesser extent, state funding.

There are obvious benefits to many of the rules which accompany federal funds, such as extensive financial accountability through reports and audits, union-level wages for workmen on federal projects through coverage by the Davis-Bacon Act, and barrier-free facilities for any agency serving the elderly and handicapped with federal funds. However, there are instances when private resources can move more quickly and flexibly to address unmet needs and can do so on a smaller scale with fewer resources than would be necessary if federal funds were made available. Private sector funds, of course, have the advantage of more easily encouraging experimentation and demonstration of new service delivery concepts and designs.

Foundations, corporations and other sources of private giving generally request end-of-the-project reports or sometimes no reports are required at all. Nonetheless, recipients of private funds still have their own management information needs which must be met.

The procurement of private funds is a major undertaking. The flip-side of flexibility is the general absence of standardized application procedures and review criteria. The network on aging is beginning to gain access to private resources with much more success in recent years. State Agencies can and have played an important role in approaching foundations and corporations with state-wide interests. State Agencies can prepare background documents and applications and act as the lead agency in procuring private funds for a particular project. An added benefit of State Agency support is its capacity to act as the administrator of grant at little or no charge to the donor. The State Agency can also insulate the donor from multiple requests for similar services.

Area Agencies and service providers can approach donors directly as well, and can be particularly successful with foundations and businesses with only local interests.

The preceding section is only meant to be illustrative of the range of "other" funding sources utilized by the aging network. Other sources such as community development block grants, federal Action grants, or United Way support are an integral part of the network's complicated physiology. Figure 3.1 shows the complete range of program funding sources found in the NASUA survey of network units.

No one network unit would encompass all the funding sources just mentioned. Nonetheless, information systems designed for the network need the capacity to deal with a great variety of information needs due to its use of multiple funding sources.

Figure 3.1

PROGRAM FUNDING SOURCES[14] (N=18)

FUNDING SOURCE	NUMBER OF AGING UNITS USING FUNDING SOURCE		
	Total	SUA	AAA
TITLE III-B (SOCIAL SERVICES)	18	11	7
TITLE III-C	16	11	5
STATE FUNDS	16	11	5
TITLE IV-A	15	11	4
TITLE XX (SOCIAL SERVICES/ TRAINING)	14	8	6
IN-KIND RESOURCES	13	10	3
CASH RESOURCES	13	10	3
TITLE III-B (SENIOR CENTER)	13	10	3
TITLE V (EMPLOYMENT)	13	8	5
PROJECT INCOME/ PARTICIPANT CONTRIBUTIONS	11	9	2
USDA COMMODITIES/CASH	11	7	4
CETA GRANTS	10	6	4
OTHER FUNDS	9	8	1
LOCAL FUNDS	9	6	3
LOCAL PUBLIC FUNDS	5	3	2
U.S. DEPT. OF TRANS. CAPITAL ASSISTANCE GRANTS	5	3	2
U.S. DEPT. OF TRANS. OPERATING GRANTS	5	3	2
LOCAL PRIVATE FUNDS	4	4	
LOCAL MATCHING FUNDS (CASH/IN-KIND)	4	4	
TITLE XIX (MEDICAID)	3	2	1
FOOD STAMPS	2	1	1
CLIENT FEES (SLIDING SCALE)	2	1	1
GENERAL REVENUE SHARING	1	1	
FUNDS FROM CLIENT PRIVATE INSURANCE	1	1	
TITLE XVIII (MEDICARE)	1	1	
MUNICIPAL FUNDS	1	1	
UNITED WAY FUNDS	1	1	

[14] NASUA and TSDI, Inc., Baseline Data Report, p. 89.

IV. STEPS IN THE SYSTEMS DEVELOPMENT PROCESS

A. The Value of the Systems Development Process

The developmental and design stage of any information system can be said to be the most important stage of development. It is here at the beginning of the planning process that information needs are assessed, reporting problems are identified, users consulted, and proposed uses of the data to be collected are finalized. A thorough systems development process will lay out in advance the specifications for an information system uniquely suited to its agency environment and can avoid subsequent problems in implementation of the system. Equally important, a well-designed system will only gather and present data which is useful for agency management staff, and refrain from producing more detail and paper than could ever be useful.

A frequent warning to management by systems analysts when designing information systems is "do not attempt to remedy people problems with machines." The basic premise of an information system is to provide the data necessary for management to make informed decisions. An information system in itself does nothing to ensure the wise use of information. It is staff who determine success or failure and who perform the analysis of information which is so integral to agency functions. A theme to stress to network managers is that an information system is a tool to help management do its job better, but it is not a panacea for management problems and, in fact, may exacerbate some agency weaknesses.

B. Requirements Analysis

Several steps are commonly used in the systems development process, although the terms which describe these steps often vary. The developmental process begins with a requirements analysis which asks several basic questions.[15]

1. What are the organization's goals?
2. What will be the information system's objectives?
3. What kind of information system and associated operating problems, procedures, forms and reports currently exist?
4. What kind of information system should exist?
5. What resources are available in terms of staff, money and equipment?
6. What constraints can be identified for system design, e.g., resources, time, politics?

[15] This discussion of requirements analysis draws from a presentation by Dick Greenberg, Division of Program Systems, Office of Management, Office of Human Development, Department of Health and Human Services at the NASUA/N4A National Training Conference in Washington, D.C., July 1981.

The process of finding answers to these questions will get the system development process well underway. When preliminary answers are available it is advisable to summarize these findings in a written statement or concept paper which describes a potential system and its use. Following the development of a consensus among agency management on the purpose and use of an information system, the development process moves on to examine the many alternatives for systems design. Must the information system be developed from the ground up to meet the agency's needs or can an appropriate information system be transferred in, purchased and modified?

Another important consideration at this point is that the information system needs to be designed to be flexible enough to accommodate change from all sides. The content and format of required reports change, management information needs follow particular program operating problems as they arise and federal programs change in emphasis. A good system development process will incorporate the basic information needs of the agency on its initial software and anticipate in general terms the variation in information demands.

It is no news to information specialists that changing hardware is another source of disruption to existing systems. The rapid rate of technological development in the computer industry can make today's state-of-the-art machine obsolete in the short space of a couple years. Network staff need to be encouraged to think ahead and plan a system which can adjust to change with minimal investment and down-time.

It is at this stage of system development that the range of hardware and software options can appear overwhelming. Systems analysts and managers can become mired in what has been referred to as "paralysis by analysis." The systems designers need to keep the results of their requirements analysis in the forefront to avoid examining the entirety of the burgeoning information systems field.

Once a system is selected which appears to fit the agency's needs, the time for presentation to the agency's decision-makers has come. A firm commitment must be made to the system's purpose, specifications for hardware and software and resources. Once the commitment has been made, implementation of the information system can proceed. Figure 4.1 illustrates the general steps in the information system development process.

C. Role of Systems Users in the Development Process

In practical terms the design of a new information system is a major decision for any network on aging unit. Prior to the implementation of a new system, management and systems analysts together should consider several points.

*How much of the new system is best suited for manual operation and which parts of the system need to be automated?

*What kind of staff training and orientation will be needed and at what cost?

*What changes, if any, will be needed in the information systems used by network units reporting to your agency?

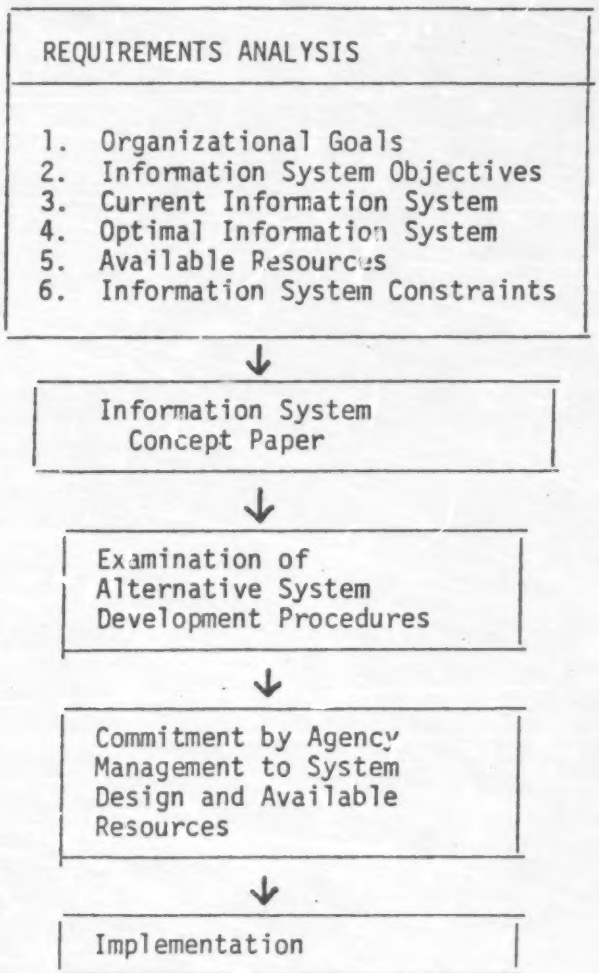
*How much time will be required to organize a new system and is the system flexible enough to quickly accommodate change?

*How can the new system's output be utilized by agency management?

Such questions will be answered and acted upon by the agency's top management staff. The final budget authority for the establishment of the new system usually will belong to the policy-making body or agency director in free-standing network units, or to supervisory positions over aging units within multipurpose human service agencies.

Figure 4.1

STEPS IN THE INFORMATION SYSTEM DEVELOPMENT PROCESS


REQUIREMENTS ANALYSIS
1. Organizational Goals
2. Information System Objectives
3. Current Information System
4. Optimal Information System
5. Available Resources
6. Information System Constraints
Information System Concept Paper
Examination of Alternative System Development Procedures
Commitment by Agency Management to System Design and Available Resources
Implementation

Information systems are too often designed to serve accountants or caseworkers without keeping in mind total agency departmental and management needs. Network units undertake a broad number of functional activities, all of which require information and interact with each other.

*Fiscal - Staff which are responsible for the internal control of receipts and expenditures rely upon timely and accurate expenditure reports from each agency department and staff person.

*Personnel - Staff compile and monitor personnel records, such as time sheets by funding categories or compensation and fringe rates, which have an immediate impact on duties of the fiscal staff.

*Budgets - Generally, management staff are responsible for projecting, monitoring and revising budgets as needed. This staff depends on cost data from personnel and fiscal staff as well as all other sources of agency cost information.

*Client Service Delivery/Grants Management - This staff keeps records on the level and type of service activities and costs being incurred under program or subgrantee budgets. This activity relies on budget information from management to keep costs within the available resources.

*Data-processing/report preparation - Report preparation cannot be done until each functional activity of the agency is accounted for by dollars spent, units of service delivered or by characteristics of persons served.

It is clear that the various activities of a network unit interrelate and depend on the regular exchange of information. Good information on population trends, service utilization data, client characteristics and expenditures is essential in order to accomplish State Agency and Area Agency goals. Each section or department of a network agency relies on data from the forms and other information it collects and is affected by the action of other agency sections and departments. Intra-agency department relationships need to be identified and accommodated in a system development process. Thus, no new system can be constructed without considering the needs of each of the component activities of network agencies. A system designed by personnel may neglect grants management information needs or vice versa. The review and comment stage of any new information system design should encourage the input of as many of the users of the system as possible.

A recently published information systems planning guide for the mental health field gives some excellent advice for information specialists who must work with the staff attitudes and level of commitment toward a new data system, especially if the change is from a manual to an automated system.[16] In order to allay fears and secure cooperation early from a

[16] Op.Cit., John A. Paton and Pamela K. D'huyvetter, pages 57-58.

middle management and support staff, several staff-related activities are recommended:

*Let staff members know immediately of intentions to study the feasibility of installing a computerized management information system.

*Let staff know that all levels of management will be involved in systems planning and implementation.

*Solicit input from staff members at all levels and during all stages of the systems development process.

*Answer staff questions as they arise. (It is recommended that one project person be assigned this responsibility.)

*Emphasize the opportunities for some staff members to learn new tasks and skills in data processing.

*Educate staff about the impact of a computerized information system on the day-to-day operations of the agency.

A thorough system development process as described with the full involvement of the affected staff is an excellent precaution against costly implementation delays and repeated software revisions. Although this systems development discussion occurs at the end of this overview of the network on aging, it is the basis by which the agencies who serve the elderly will acquire effective information systems.

CONCLUSION

This overview of the network on aging hopefully has given the reader a glimpse at the functions and information needs of Older Americans Act-funded agencies which serve the elderly. The overview introduces the network on aging, the Older Americans Act, network unit structure and responsibilities and some of its basic information needs.

The development and operation of information systems on the network on aging is a challenging task. Such work will be facilitated if information specialists are cognizant the complexity of the network's responsibilities and structure, recognize the nuances of multiple funding source information requirements and conduct a thorough requirements analysis with broad participation by management and users. If these factors are considered in the design of the network's information systems, aging unit staff will strengthen their management capabilities and responsive, effective services will be enhanced.

APPENDIX

Illustrative Charts of Information
Gathered by 18 Network on Aging Units

from the

Aging Unit Information Systems Baseline Data Report, National Association of State Units on Aging, Washington, D.C., and TSDI, Inc., New York, New York, December 1979.

APPENDIX A

SERVICE AREA DEMOGRAPHY (N=18)[17]

DATA ELEMENT	DATA AVAILABLE FOR MAJOR PROGRAMS			DATA AVAILABLE FOR SELECT PROGRAMS		
	Number of Aging Units			Number of Aging Units		
	Total	SUA	AAA	Total	SUA	AAA
ELDERLY POPULATION, BY ETHNICITY[17]	8	8		1	1	
POPULATION 60+	8	6	2			
LOW INCOME ELDERLY POPULATION	6	5	1			
TOTAL POPULATION	5	5				
POPULATION 65+	3	3				
MINORITY ELDERLY POPULATION[18]	3	2	1	2	1	1
TOTAL HANDICAPPED POPULATION	2	2		1	1	
POPULATION 75+	2	2				
POPULATION BY SEX	2	2				
POPULATION 60+ REQUIRING SERVICES	2	2				
# OF TITLE XX ELIGIBLES	1	1				
# OF SSI/MEDICAID RECIPIENTS	1	1				
RURAL POPULATION	1	1				
% POPULATION 60+, HANDICAPPED	1	1				
# OF ELDERLY PERSONS, BY INCOME RANGES	1	1				
POPULATION 60+ BY AGE CATEGORIES	1	1				

[17] NASUA and TSDI, Inc., Baseline Data Report, p. 79

[18] Specific Racial/Ethnic Groups Specified

[19] Specific Racial/Ethnic Groups Non-Specified

CLIENT CHARACTERISTICS/IDENTIFICATION INFORMATION (N=18) [20]

DATA ELEMENT	DATA AVAILABLE FOR MAJOR PROGRAMS			DATA AVAILABLE FOR SELECT PROGRAMS		
	Number of Aging Units			Number of Aging Units		
	Total	SUA	AAA	Total	SUA	AAA
ETHNICITY	14	10	4	4	1	3
CLIENT FINANCIAL INFORMATION	13	10	3	3		3
FUNCTIONALLY DISABLED	7	5	2	5	2	3
SEX	6	4	2	10	6	4
LOCATION OF RESIDENCE	6	3	3	6	3	3
AGE CATEGORY	4	4		8	6	2
CLIENT IDENTIFIER	4	2	2	10	6	4
BIRTHDATE/AGE	4	2	2	10	6	4
LIVING ARRANGEMENTS	4	2	2	7	3	4
REFERRAL SOURCE	3	1	2	7	4	3
EMPLOYMENT HISTORY	3	1	2	6	2	4
MARITAL STATUS	2	1	1	4	2	2
TELEPHONE NUMBER	2		2	7	4	3
EMERGENCY CONTACT	2		2	6	3	3
EDUCATION LEVEL	2		2	10	6	4
VETERAN STATUS	1	1		8	6	2
SPOUSE RECEIVING SERVICE	1	1				
ORGANIZATION AFFILIATION	1		1	1		1
PERSONAL INTERESTS	1		1	1		1
RELIGION				4	2	2
CLIENT'S MEANS OF TRANSPORTATION				3	1	2
NAME OF SPOUSE				3	1	2
NUMBER OF DEPENDENTS				2	1	1
BIRTHPLACE				1		1
CHARACTER REFERENCES				1		1
AVAILABILITY AS A VOLUNTEER				1		1

20 NASUA and TSDI, Inc., Baseline Data Report, p. 47.

APPENDIX C

CLIENT FINANCIAL INFORMATION (N=18)[21]

DATA ELEMENT	DATA AVAILABLE FOR MAJOR PROGRAMS			DATA AVAILABLE FOR SELECT PROGRAMS		
	Number of Aging Units			Number of Aging Units		
	Total	SUA	AAA	Total	SUA	AAA
LOW INCOME STATUS	13	10	3	2	1	1
SSI ELIGIBLE/RECIPIENT	5	4	1	4	1	3
TITLE XX SERVICE ELIGIBLE/RECIPIENT	3	3		4	1	3
INCOME BELOW A STATED LEVEL	3	2	1	8	5	3
TITLE XIX ELIGIBLE/ RECIPIENT	2	1	1	6	3	3
AFDC ELIGIBLE/RECIPIENT	1	1		5	3	2
INCOME SOURCES[22]	1		1	8	3	5
SOCIAL SECURITY/ MEDICARE RECIPIENT	1		1	5	2	3
PUBLIC ASSISTANCE ELIGIBLE/RECIPIENT	1		1	4	3	1
OTHER INCOME	1		1	3	2	1
PENSION/ANNUITY INCOME	1		1	3	1	2
EMPLOYMENT INCOME	1		1	2		2
INCOME AMOUNT				9	3	6
VA BENEFITS RECIPIENT				4	2	2
OTHER PUBLIC ASSISTANCE ELIGIBLE/RECIPIENT				3	1	2
INTEREST INCOME				2	1	1
PRIVATE MEDICAL INSURANCE				2		2
EMERGENCY FUEL PROGRAM ELIGIBILITY				2		2
INCOME CATEGORY				1	1	
FOOD STAMPS ELIGIBLE/RECIPIENT				1		1
TYPE/VALUE OF PERSONAL ASSETS				4	2	2
RENTAL INCOME				1		1
OUTSTANDING DEBTS				1		1

21 NASUA and TSDI, Inc., Baseline Data Report, p. 50.

22 Source specified by intake worker. Where form or instructions gave specific source options to check, these were listed on this table separatel

APPENDIX D

CLIENT LIVING ARRANGEMENTS (N=18)[23]

DATA ELEMENT	DATA AVAILABLE FOR MAJOR PROGRAMS			DATA AVAILABLE FOR SELECT PROGRAMS		
	Number of Aging Units			Number of Aging Units		
	Total	SUA	AAA	Total	SUA	AAA
LIVING ALONE	4	2	2	3	1	2
WITH SPOUSE	3	1	2	3	1	2
OTHER RELATIVE	3	1	2	3	1	2
OTHER NON-RELATIVE	2	1	1	4	1	3
BOARDING HOME	2	1	1	3	2	1
PRIVATE HOME	2	1	1	3	1	2
NURSING HOME	2	1	1	2	2	
PRIVATE APARTMENT	2	1	1	2		2
PUBLIC HOUSING	2	1	1	1		1
KITCHEN FACILITIES AVAILABLE	2	1	1			
RESIDENTIAL HOTEL	1	1		1		1
TRAILER	1	1		1		1
CONVALESCENT HOME	1	1				
HOSPITAL	1	1				
INSTITUTION	1		1	2	1	1
CONGREGATE HOUSING	1		1	1	1	
RETIREMENT HOME	1		1	2	2	
HOUSEHOLD/FAMILY SIZE				7	3	4
RENTER				4	1	3
HEAD OF HOUSEHOLD				2	2	
TEMPORARY SHELTER				1		1

[23] NASUA and TSDI, Inc., Baseline Data Report, p. 52.

CLIENT SERVICE ACTIVITY FOR SELECTED SERVICES (N=18)[24]

NAMES AND MEASURES

SERVICE NAME	NUMBER OF AGING UNITS USING NAME			SERVICE MEASURE[1]	NUMBER OF AGING UNITS USING MEASUR		
	Total	SUA	AAA		Total	SUA	AA
ADVOCACY/OMBUDSMAN	6	5	1	# of Client Contacts	4	3	
				# of Complaints/Problems	2	2	
				# of Resolutions	2	2	
				# of Referrals Made	2	2	
				Time Required for Case Resolution	2	2	
				Severity of Problem (Numeric Scale)	1	1	
				#/Type of Problems/Complaints by Facility Type	1	1	
CASE MANAGEMENT	4	3	1	# of Client Hours	2	2	
				# of Service Plans Developed	2	1	
				# of Service Plans Implemented	2	1	
				# of Reassessments	2	1	
				# of Client Contacts	1	1	
CHORE	8	6	2	# of Client Hours	9	6	
				Hours of Service Authorized	1	1	
COMMUNITY HEALTH SERVICES	11	6	5	# of Client Visits	7	5	
				# of Client Hours	4	2	
				# of Assessments Made	2	1	
				# of Repeat Clients	2	0	
				# of Prosthetic Devices Provided	1	1	
				# of Client Days	1	1	
				# of Clients Screened	1	1	
				# of Operating Clinics	1	0	

[24] NASUA and TSDI, Inc., Baseline Data Report, p. 59.

CLIENT SERVICE ACTIVITY (N=18)

NAMES AND MEASURES

SERVICE NAME	NUMBER OF AGING UNITS USING NAME			SERVICE MEASURE	NUMBER OF AGING UNITS USING MEASURE		
	Total	SUA	AAA		Total	SUA	AAA
COMMUNITY LIVING ARRANGEMENTS	4	3	1	# of Staff Hours Devoted to Client Placement	2	1	1
				# of Client Days	1	1	0
				# of Homes Certified	1	1	0
				# of Placement Slots Established	1	1	0
				# of Unfilled Vacancies	1	1	0
				# of Persons Awaiting Placement	1	1	0
				# of Service Plans Developed	1	1	0
				# of Placements Made	1	0	1
COMPANION	4	3	1	# of Client Hours	3	2	1
				# of Volunteer Companions Recruited	1	0	1
				# of Active Volunteers	1	0	1
				# of Companions Assigned	1	0	1
				# of Miles Traveled by Companions	1	0	1
COUNSELING	9	5	4	# of Client Hours	5	4	1
				# of Sessions	2	1	1
				# of Referrals Made	1	0	1
DAY CARE	5	4	1	# of Client Days	3	3	0
				# of Client Hours	1	1	0
				# of Client Half-Days	1	1	0
				# of Persons Awaiting Service	1	0	1
				Average # of Persons Served Per month	1	0	1

APPENDIX F

AGING UNIT EXPENDITURE INFORMATION (N=18) [25]

DATA ELEMENT	DATA AVAILABLE FOR MAJOR PROGRAMS			DATA AVAILABLE FOR SELECT PROGRAMS		
	Number of Aging Units			Number of Aging Units		
	Total	SUA	AAA	Total	SUA	AAA
EXPENDITURES BY FUNDING SOURCE	15	11	4			
SERVICE/FUNCTIONAL ACTIVITY EXPENDITURES	15	11	4			
LINE ITEM EXPENDITURES	15	9	6	1	1	
TOTAL EXPENDITURES [26]	12	7	5			
UNIT COSTS	7	6	1			
%/AMOUNT OF BUDGET EXPENDED	7	3	4			
ESTIMATED EXPENDITURES	6	6				
UNPAID OBLIGATIONS	5	5		1		1
AMOUNT REQUESTED	4	3	1			
TOTAL UNEXPENDED FUNDS	2	2				
UNEXPENDED ADVANCES	2	2				
EXPENDITURE OF MATCHING FUNDS	2	1	1			
PER CAPITA COSTS	1	1				
NAME OF GRANTEE	1	1				
ITEMIZATION OF IN-KIND RESOURCES	1	1				
PAYEE (FOR EACH PROVIDER TRANSACTION)	1		1			
AMOUNT OF FUNDS OBLIGATED	1		1			

[25] NASUA and TSDI, Inc., Baseline Data Report, p. 84.

[26] Total expenditures of grant funds, or of grant and other financial resources.

LINE ITEM EXPENDITURE INFORMATION (N=18)[27]

DATA ELEMENT	DATA AVAILABLE FOR MAJOR PROGRAMS			DATA AVAILABLE FOR SELECT PROGRAMS		
	Number of Aging Units			Number of Aging Units		
	Total	SUA	AAA	Total	SUA	AAA
PERSONNEL	14	8	6	1	1	
TRAVEL, STAFF	14	8	6	1	1	
EQUIPMENT	14	8	6	1	1	
BUILDING SPACE	14	8	6			
OTHER COSTS	13	8	5	1	1	
PRINTING AND SUPPLIES	13	6	7	1	1	
CONSULTANTS AND CONTRACTS	10	7	3	1	1	
INDIRECT COSTS	9	7	2			
COMMUNICATIONS	9	6	3	1	1	
UTILITIES	8	5	3			
FRINGE BENEFITS	8	3	5	1	1	
RAW FOOD	6	6				
DIRECT COSTS	6	6				
ACQUISITION COSTS	1	1		2	2	
CONSTRUCTION COSTS	1	1		1	1	
CATERER COSTS	1	1				
STORAGE & TRANSPORTATION EXPENDITURES (USDA FOOD)	1	1				
NONCONSUMABLES (COSTS RELATED TO MEAL SERVICE)	1	1				
PRE-AGREEMENT COSTS	1	1				
INSURANCE COSTS	1		1			
VEHICLE EXPENSES	1		1			
ADVERTISING COSTS	1		1			

[27] NASUA and TSDI, Inc., Baseline Data Report, p. 86.

STAFF/VOLUNTEER CHARACTERISTICS/ACTIVITIES (N=18)[28]

DATA ELEMENT	DATA AVAILABLE FOR MAJOR PROGRAMS			DATA AVAILABLE FOR SELECT PROGRAMS		
	Number of Aging Units			Number of Aging Units		
	Total	SUA	AAA	Total	SUA	AAA
PAID STAFF	13	11	2	1		1
VOLUNTEER	13	11	2	1		1
ETHNICITY	12	11	1	2		2
ABOVE/BELOW SPECIFIED AGE	11	10	1	2		2
SEX	11	10	1	2		2
FULL TIME/PART TIME STATUS	9	7	2	1	1	
HOURS WORKED	8	4	4	2	1	1
CLERICAL POSITION	6	6				
SALARY/WAGE RATE	5	2	3			
FUNCTIONAL ACTIVITIES PERFORMED/% TIME[29]	4	4				
PROFESSIONAL POSITION	4	4				
AGE/BIRTHDATE	3	2	1			
SERVICES PROVIDED/% TIME	3	2	1			
ACTUAL POSITION TITLE	3	2	1			
UNITS OF SERVICE PROVIDED	2	1	1	3	1	2
STAFF IDENTIFIER	2		2			
HANDICAPPED	1	1				
DATE HIRED/TERMINATED	1		1	1		1
MARITAL STATUS	1		1			
NARRATIVE DESCRIPTION OF ACTIVITIES				2	1	1
EDUCATION LEVEL				1		1
WORK/VOLUNTEER EXPERIENCE				1		1
HOURS AVAILABLE				1		1

28 NASUA and TSDI, Inc., Baseline Data Report, p. 73.

29 Activities other than services delivery, e.g. Planning, Administration, e
As shown below on the table "Functional Activities Other Than Service Delivery."

References

Administration on Aging, Office of Human Development Services, Older Americans Act of 1965, As Amended, History and Related Acts, DHEW Publication No. (OHDS) 79-20170, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., July 1979.

Administration on Aging, OHDS, DHHS, State Plan Format, Washington, D.C.

Division on Aging, State of Delaware, State Plan on Aging under Title III of the Older Americans Act, Fiscal Years 1981-1983, Draft June 9, 1980.

National Association of State Units on Aging and TSDI, Inc., New York, N.Y., Aging Unit Information Systems Baseline Data Report, Washington, D.C., December 1979.

National Association of State Units on Aging, An Orientation to the Older Americans Act, August, 1982.

Office of Human Development Services, Department of Health, Education and Welfare, "Rules and Regulations, Grants for State and Community Programs on Aging," Federal Register, Part IV, Volume 45, No. 63, March 31, 1980.

Paton, John A. and D'huyvetter, Pamela K., Automated Management Information Systems for Mental Health Agencies: A Planning and Acquisition Guide, Mental Health Service System Reports, DHHS 80-797, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 1980.

Southwestern Area Agency on Aging, Area Plan for Programs on Aging, 1981-1983, Slayton, Minnesota.

Tobriner, Alice, Foundations in Perspective, A Brief History of the National Association of State Units on Aging, National Association of State Units on Aging, Draft I, Washington, D.C., June 1981.